



2009  
**DOMESTIC VIOLENCE  
SUMMIT SERIES**

By Leslie Landis  
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City of Chicago  
Mayor's Domestic Violence Advocacy  
Coordinating Council



# Acknowledgments

This Summit Series would not have been possible without the cooperation and participation of many individuals. I relied heavily on valuable local and national research and other materials in preparing session presentations and the 2009 Domestic Violence Summit Series Final Report. Some information has been summarized from those sources, sometimes too generally to specifically cite by author or name of the study. If you happen to recognize your work so summarized or indirectly cited, know that your contribution has been invaluable to those of us who work to address domestic violence and that our work has been enriched and guided by your efforts.

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As the author/editor of this 2009 Domestic Violence Summit Series Final Report, it is my hope that this document will be used by all stakeholders in their respective spheres of influence. The Summit would not have been successful without the support of the DVACC and the members who served in the planning capacity identified in Appendix B. The contribution made by the Summit attendees who participated in the facilitated discussions and who submitted feedback forms enriched the final report in many significant ways. The task of review and further conversation of many of the embedded recommendations and concepts reflected in this final proceeding report must continue. I look forward to being a part of that effort.

This report is dedicated to Ellen Pence, a founding member of the Battered Women's Movement who has been a leader and an agent for change in more ways than can be recounted. Ellen's influence is inherent in the approach used during this Summit as reflected in her formulation of the Safety and Accountability Audit model developed by her and her colleagues at Praxis International, one of the best technical advisory organizations in the Movement.

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# BACKGROUND INTRODUCTION

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In September of 2007 the Mayor's Office on Domestic Violence (MODV) and his Domestic Violence Advocacy Coordinating Council (DVACC) released an *Assessment of the Current Response to Domestic Violence in Chicago*.<sup>1</sup> At that time Chicago faced the closure of two domestic violence (DV) shelters, significant 08-09 state funding cuts for domestic violence victim services, new leadership within the Chicago Police Department, State's Attorney's Office and judiciary, significant increases in DV murders between 2006 and 2007, and the changing needs of victims over time. The *Assessment* made a vital contribution for future planning by identifying the full range of responses to domestic violence while cataloguing the specific scope and capacity of services to respond. The *Assessment* also identified Points for Engagement, which were areas in need of further review or update. DVACC met and developed a follow up strategy which led to the execution of the Domestic Violence Summit Series.<sup>2</sup>

The Domestic Violence Summit Series was intended as a focused follow up discussion on the Points for Engagement in the *Assessment of the Current Response to Domestic Violence in Chicago*. As the *Assessment* enumerated the present scope and capacity of Chicago's overall response to this issue, the stage was set for a review of **current needs against current services** in order to make timely adjustment/enhancements and set growth priorities. The *Assessment* also illustrated opportunity for integration across disciplines in order to fully address the issues faced by those who have experienced domestic violence.

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<sup>1</sup> Landis, L. (2007) *Assessment of the Current Response to Domestic Violence in Chicago*. Chicago, IL: City of Chicago, Mayor's Office on Domestic Violence. The full document can be found on the City of Chicago Department of Family & Support Services web site.

<sup>2</sup> Following the *Assessment* release DVACC determined that the initial follow up would include a series of topic specific work group discussions. Five work groups were formulated and met over 2008 to help devise further action on the Points for Engagement. The groups were:

1. ***Children Exposed to DV and Teen Relationship Violence;***
2. ***Adult Triage of DV Services;***
3. ***Court Pathways;***
4. ***Public Awareness/Education;***
5. ***Housing and Economic Supports.***

(Participants listed on Appendix A)

These five work groups developed a series of focus group questions and identified community stakeholders who would be invited to engage in further discussions related to each of these topics. The Adult Triage of DV Services work group also met with several area researchers in order to examine data which might help to inform discussions on victim service pathways and service models in particular.

The Public Awareness/Education work group moved ahead with two Roundtable meetings with invited participants which reviewed local public awareness and education messages and campaigns as well as key national models. The group helped identify where expansion and new educational opportunities rested at that time to enhance awareness efforts. With the difficulties represented by the economic recession and limited funding available to support services, MODV staff determined that priority of public awareness messages should be linked to outcomes of the other work groups.

As the other work groups met and identified focus, data and stakeholders for proposed roundtables, staff learned that the list of invited participants overlapped in a number of key work groups. With the concurrence of the work group members it was determined that DVACC would shift from topic specific Roundtable meetings to a five part Domestic Violence Summit Series to ensure cross discipline discussion and integration across topics.

The Summit Series was further informed by a summit planning group composed of the work group chairs and other members of DVACC.

## SUMMIT APPROACH/GOAL/OUTCOME

The Summit series approach focused on a review of the current response from *the perspective of the victim/consumer*. In order to ensure full participation and candid review and conversation, the Summit series was *not organized as a performance evaluation* of the various systems and entities that address domestic violence across broad populations and definitions. The series was framed as a cross discipline dialogue and conversation that would review victims' needs based on their lived experiences, current service capacity & gaps, areas in need of enhancements or adjustment or reform, and future direction.<sup>3</sup>

The goal was to *build greater understanding and commitment* toward addressing the issue of domestic violence as well as formulating future action. A guiding question in the development of the series was "how are we doing in meeting victims' critical needs?". Summit series content, presented during five sessions, was intended to educate and expand understanding of the needs of victims and families who have experienced domestic violence in all of its forms. It was anticipated that the interaction among Summit participants would help *build a renewed and shared vision* to ensure the cross discipline effort required to improve the overall response in Chicago through stronger collaborations, integration and coordination of services.

The Mayor's letter of invitation to the Domestic Violence Summit stressed that invitees were being asked to commit to consistent participation for five sessions. The goal was to break down the apparent silos of topic specific interest in order to build greater understanding and cohesion across stakeholder groups. Invitees included all members of DVACC<sup>4</sup> as well as staff from the Chicago Department of Family and Support Services<sup>5</sup> and other key City departments. The additional invitees reflected stakeholder groups including the Illinois Department of Children and Family Services; Illinois Department of Human Services; Illinois Criminal Justice Information Authority; Illinois Attorney General's Office; Illinois Coalition Against Domestic Violence; Illinois Coalition Against Sexual Assault; Chicago Metropolitan Battered Women's Network; Funders (private and government mix); mental health providers; substance abuse providers; medical providers; domestic violence victim service providers (including ethnic specific programs); legal service providers (including immigration); senior service providers; law enforcement, civil and criminal court judges, prosecutors, public defenders and other DV court personnel; abuser services; probation; parole; education personnel (Head Start, Chicago Public and Private Schools); children focused providers and advocacy groups; youth focused providers and advocacy groups; faith based reps; university and government research and policy reps ; business/corporate reps; public awareness and prevention reps; public and private housing advocacy groups; workforce economic focused reps; and community/neighborhood based organizations. A total of 303 invitations were sent. Of those invited 83% attended. Of those who attended, over half attended three or more of the four and a half sessions which made up the Summit series. The final participant list is reflected in Appendix B.

### **The Summit series included four full day sessions followed by a half day closing session. The five focused "topics" evolved from the planning roundtables as follows:**

- Accounting for the Adult Victim Experience: Patterns of Help Seeking and Receipt of Services
- Adult Help System Design: Doors to Assistance
- Legal Help System Design
- Accounting for the Teen Dating Violence & Adolescent and Child Exposure to DV Experiences
- Summit Findings, Advocacy Strategies & Action Steps

The Summit series sessions did not take place in consecutive days (as in many professional conferences) to allow for participants to engage in further external conversations, offer reflective feedback and integrative re-

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<sup>3</sup> The approach was informed by and adapted from the Safety and Accountability Audit model developed by Praxis International.  
<sup>4</sup> DVACC is a cross disciplinary group and the DVACC was the sponsor of the series.  
<sup>5</sup> In 2009, as part of a major restructure of a number of key city departments, the Mayor's Office on Domestic Violence was merged into a new City of Chicago Department of Family and Support Services. The staff of the former MODV is referenced as ODV within this report.

view between sessions. Each session offered a networking breakfast where unassigned small group tables were provided for participants to meet new people, engage in less formal conversation and relationship building. Lunch at each of the four full day sessions provided another opportunity for this same networking by offering dining space so that participants could sit with yet another group of attendees. Participant evaluations indicated genuine enthusiasm for the opportunity this structure provided for informal networking and further conversational dialogue regarding the content of the session. This mix of both the formal and informal structure of this series proved beneficial when engaging high levels of leadership participation.

Each session began with a framing plenary presentation organized and presented by the Office on Domestic Violence (ODV).<sup>6</sup> In two of the sessions ODV staff were joined by several selected presenters or panel members. Following the framing presentation(s), each day included facilitated Town Hall or a Focus Group discussion among participants using identified town hall or focus group questions.<sup>7</sup> Volunteers and university students served as note takers for these sessions.

To ensure cross discipline dialogue in these facilitated discussions ODV staff would confirm participant attendance through follow up outreach between and during sessions and made group assignments utilizing a color coding system which identified the stakeholder group of each participant. Those who attended multiple sessions participated in small group discussion with different attendees and facilitators from one session to another. This structure served to “mix up” participants to ensure greater participation and less dominance of discussion by particular stakeholder groups or individuals.

Participants were asked to complete a Feedback and an Evaluation Form (see Appendix C) at the close of each day’s session. For those who were not able due to time or comfort to offer additional feedback/response during the group(s), the completion of the form provided opportunity for further contribution to the series. ODV staff reviewed all notes and feedback forms as well as the facilitator debrief sessions both during and after the series ended. All participant feedback greatly informed the final proceedings report.

One of the planned outcomes from the Summit was the release of the proceedings Final Report which would include the content of each of the framing presentations and information/findings from the focused participant discussions and related feedback.

A primary charge/challenge made to the participants of this Summit was to keep victims and victims’ needs central to the discussion. This charge began on the first day of the Summit, in part, by grounding participants in information on victims’ characteristics, service needs and service receipt.<sup>8</sup> The second session examined the pathways and doors to assistance which became a central focus arising from the first session. The third session focused clearly on the legal system’s response to domestic violence again from the victim’s experience. The fourth session examined how teen relationship violence differed from the adult experience and what we know about teen help seeking and service responses. This session also examined the impact of witnessing adult domestic violence on children as well as the response to the child, victim parent, and offending parent. The final session summarized the overlapping strategies arising from the four sessions and sought to identify next steps.

What follows is the summary of each session; the framing presentation intent/structure and content as well as incorporated information derived from participants’ facilitated discussions, feedback forms and related discussions at the event. Intended to document the Summit proceedings, the findings have not been fully reviewed within City government. All Summit participants were encouraged to examine how these findings relate to their own spheres of influence and review.

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<sup>6</sup> MODV became ODV as a result of the merger within DFSS in 2009.

<sup>7</sup> Facilitators were selected for their abilities to facilitate diverse, cross disciplinary groups. The ODV oriented facilitators regarding the approach, goals, and structure and focus group/town hall questions for all the sessions while suggesting prompts under questions. Following a facilitated group, each facilitator completed a short feedback form and attended a debrief session at the close of that day’s event. (facilitator names are reflected in Appendix B)

<sup>8</sup> At the Summit participants viewed a video The Story of Rachel which illustrated the complex intersections of both the formal systems and informal demands on victims lived experiences. The video was produced by Praxis International.

## ACCOUNTING FOR THE ADULT VICTIM EXPERIENCE: *Patterns of Help Seeking and Receipt of Services*

### SUMMIT ORIENTATION

The first session (October 8, 2009) began with a review of the overall Summit approach including the focus on reviewing the response to domestic violence from the consumer lens; examining the victims' needs based on their lived experiences and help seeking efforts; as well as a review of the current service capacity and gaps. Participants were informed that the information that was going to be presented was intended as a "down load" of available data and research findings shared for Summit participants' consideration and deliberations in their discussions. Participants were urged to add to the information or dispute it based on their own experiences. Participants were encouraged to recognize that the Summit involved diverse response groups, not everyone was serving the same populations of people impacted by this violence and their professional experience varied. Participants were asked to fully acknowledge that victims' personal responses to their own experience with this violence and how each prioritized their own needs varied. Participants were told that the Summit approach also included the task of identifying areas in need of enhancement, adjustment or reform to advance the response to current issues. The statement that the existing service response may have been sound when it was established but may require adjustment in this time helped push participants beyond criticism to visioning. Participants were urged to identify future directions in research, policy and advocacy efforts. Again, participants were informed that the Summit's overall goal was to build a) greater understanding and commitment to this issue across disciplines, b) a renewed and shared vision to ensure cross discipline effort, and c) stronger collaborations, integration and coordination of services. Finally participants were informed that there would be a formal summary report that would result as one planned outcome of the series. Also the Chicago DFSS Commissioner Mary Ellen Caron welcomed participants and expressed appreciation for their attendance and willingness to engage in the summit process.

### HELP SEEKING BEHAVIOR AND RECEIPT OF SERVICES

Moving beyond the Summit orientation, the content of the morning framing presentation began with a snap shot of "what was known about victims and services" in Chicago urging participants to listen and gather impressions for use in the Town Hall dialogue which would follow that afternoon. The snap shot was made up of a summary of the history of the current DV response; followed by a review of victim help seeking efforts, service connections and receipt of support services; as well as a review of the geographic location of services and demand.

The framing presentation began with a review of the DV response history to answer the question "why does our response look like it does today?". In order to fully appreciate why what exists today is organized as

it is Leslie Landis, Project Manager/Director of ODV provided some historical background and context summarized below:

## Domestic Violence Response History

### Focus on victim safety

- confidential DV shelters
- option based empowerment
- counseling and advocacy services
- orders of protection

### Focus on abuser accountability

- criminal justice reform

In the late 70's and into the 80's a movement began to develop some advocacy around this issue of domestic violence at both the national and local level. Key doctrines/ guiding principles emerged from that period: Victim SAFETY and abuser ACCOUNTABILITY.

Initially those who engaged in the movement were met with denial about the existence as well as the extent of violence against women. The idea that men battered and abused women in intimate relationships was viewed as a private issue best left behind closed doors. Movement advocates had to prove the importance by the fact that it affected millions of people. Accuracy of incident rates was challenging because obvious sources did not keep these numbers and also because of differences in defining the problem. Violence was defined by severity and the full dynamics of battering or domestic violence was not understood or tracked. In the late 70's a Harris poll showed that 1/5th of adults approved of slapping one's spouse in appropriate occasions which was seen as legitimizing a certain amount of violence.

The early advocacy response to DV was a response to wife beating/woman abuse and had a gender analysis. Women who were battered might resort to violence in self defense, but the movement largely developed services for women who were battered by their male intimate partners.

It was noted that the practice of wife beating crossed all boundaries of economics, race, national origin, or educational background. The assumption that violence occurs more frequently among lower class families was attributed to variations in reporting. Having fewer resources and less privacy, these families it was thought were more apt to call police or seek the services of other public agencies. Additionally it was pertinent to note that women were being seen in therapy, medical, social service and faith based agencies and were not being identified as DV victims.

Survivors of DV played key roles in formulating the idea that battering left them isolated and un-empowered, with low self esteem or a damaged sense of self (learned helplessness). This translated to a key underlying principle of "service practice" that given options and supportive counseling and third party advocacy when met with challenges, women would be empowered to make long term often difficult change toward a life free of violence and exploitation. It was also believed that the reason men battered the women in their lives was because they could without being held accountable; excuses were accepted, victims were often blamed or seen as tolerating it by choice or failure to act.

Laws needed to be passed which specified that despite the relationships involved, battery was battery, rape was rape, abuse was abuse and societal responses represented by community standards set through laws that govern behavior were changed. Unique aspects emerged in that the people involved had intimate/close relationships, a fact which was acknowledged by the development of legal protections like the Order of Protection (OP). The combined tools of criminal sanction and order of protection sought to focus on abuser accountability. Legislative change led to criminal justice reforms which became a key focus of the response to DV.

## Safety System Response

### Shelter

- confidential locations
- crisis support

### Non-shelter DV programs

- confidential relationships

To address victim safety, models for shelter and non-shelter DV programs were developed. DV shelters were places women fled to with their children to avoid further or escalating violence or death. Early on, the lack of societal sanction allowed abusers to go unchecked. Ultimately, flight and hiding from the abusers' pursuit was often a solitary option for many victims.

DV shelters focused on confidential and emergency housing with a social service component. These shelters were more than respite, more than “eats and sheets”. The goal of this form of shelter was not to avert further homelessness by gaining permanent housing but rather achieving safety through physical space for emersion in option based counseling, planning and personal awareness. Victims were generally viewed as well women in crisis<sup>9</sup> therefore services focused on education, support, and advocacy with assistance in achieving safety as the focal point to address the domestic violence related crisis. As those who came to shelter were not permitted to have contact with their abuser while there, the underlying point was separation (if not permanent –certainly while there), victims perceived that to go to shelter meant one had to end the relationship. Shelter rules to this day still require no contact with their partners while a resident for the safety of each individual woman as well as for all the other women and children residing at the shelter.

Providers learned that leaving was a process as victims left and returned to the abuser often five to seven times. The complexity of why was different for each victim but often reflected not only emotional ties but practical situational ones as well. Often supports for staying away were not as prevalent as the push toward the “personal sacrifice” of going back to an abusive relationship. As shelters knew this was a reality for the most part victims could return to shelter even if they had gone back to their abuser.

Because the DV shelter model called for group living among women in crisis and their children, women who had substance abuse or mental health issues were sometimes determined ineligible for this type of shelter. Those additional service needs could not be addressed by the DV shelter model. What developed over time was a determination that women who were in treatment addressing their substance abuse or mental health issues were eligible for DV shelter service.

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<sup>9</sup> To have characterized victims otherwise at that time would have pathologized the individual women and the gender/political analysis behind violence against women would have remained invisible.

For the majority of victims who did not want or need residential programs to ensure safety, non residential victim services were developed. The philosophy of services offered in these programs was similar and often included women's support groups. Confidentiality remained a key consideration because disclosure to others increased risk to victims from their abusers. Added to this, was the fact that many victims did not want "their business" known to their community, asking for privacy from the providers. Research has also proven that victims are at heightened risk when they are separating from their abuser. Violence often escalates, stalking and harassment continues often after separation. Abusers would pursue women to sites and jeopardize their safety as well as the safety of others.

With the passage of laws which created the OP in the early '80's, a key to creating safety for many victims, victim service responses experienced a significant alteration. OPs which excluded the abuser from the home on an emergency/ex parte basis had a huge impact on the population who required shelter as now a victim could stay in her home with less disruption to her children and her connection to her community (job, faith, family, etc). Law enforcement was charged with enforcing many OP provisions thus facilitating a victim's plan to be apart from her abuser.

Although children exposed to DV had always been visible in both shelter and nonresidential programs receiving some supports, DV programs have more recently developed particular children's components with staff to focus on the children's needs.<sup>10</sup>

In order to ensure best practice, service standards developed to establish models of service for government funding. In order to be funded DV programs must offer specific service components which has greatly impacted why there is uniformity in service delivery. While these models were developed over two decades ago, informed by DV advocacy groups, they remain at their core largely the same today.

State funding dictates Comprehensive DV Services must include components of a) shelter, b) 24 hour crisis hotline, c) information and referral; d) counseling, e) advocacy, f) IDVA advocacy, and g) transportation. Programs also provide outreach and prevention services. These service components are offered in 1) shelter or 2) non-shelter DV programs (no on site shelter). Specialized Programs do exist that provide no shelter and have a primary purpose of provision of specialized but limited DV services. The Specialized Programs must include a) 24 hour hotline, b) counseling, c) advocacy and d) IDVA advocacy services. Other smaller but significant state funding sources support children's services and some transitional housing.

## Criminal Justice Response

- OP—safety, comprehensive remedies, civil and criminal
- Police training – preferred arrest policy
- Criminal court specialized response and advocacy—DV misdemeanor court

There was significant attention and advocacy placed on assuring that criminal laws were applied to instances of domestic violence that included battery, assault, harassment and other acts of abuse and violence in intimate or family and household relationships.

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<sup>10</sup> Historically extremely limited funding has been earmarked to serve the needs of children in DV programs so providers utilized funding for DV services geared to adults in order to serve accompanying children.

The criminal justice response (CJR) also focused on getting OPs for victims that fully addressed the dynamics of DV not just the violent incident being prosecuted. The Power and Control Wheel and other representations of the cycle of violence (Appendix D) served to describe the interconnections of the harassment, stalking, isolation, use of children, and other tactics as a sub text for the violence which was physical, emotional and sexual. Creating the understanding of the full scope of behaviors that constitutes DV was an essential education goal in early training efforts and advocacy with the courts and law enforcement.

It was essential to achieve a societal shift in the idea that domestic violence could ever be appropriate. A key illustration of societal will is criminal sanction which starts with police. Police were trained in key DV dynamics and safety enhanced responses. Significantly, in Chicago, advocates and police agreed that police should be permitted some exercise of discretion and Chicago did not become a mandatory arrest jurisdiction. Chicago became and remains a pro arrest jurisdiction where officers are instructed to make arrests when they determine that probable cause exists that a crime has been committed. Chicago's advocacy community did not support mandatory arrest as standard police protocol partially based on a history of understanding how diverse populations in Chicago are impacted by arrest and CJS interventions and have varying experiences with law enforcement both here in Chicago and often in the case of immigrants in their country of origin. Many jurisdictions that enacted mandatory arrest policies saw spikes in dual arrests, arrests of victims who were acting in self defense, and increased instances of the State taking protective custody of children as a result of the arrest of both parents, or arrest of the primary care giving parent. While Chicago has seen these same things occur, the volume of instances which reflected those outcomes was far less than in jurisdictions with mandatory arrest policies. Also people of color were arrested at high rates in many mandatory arrest jurisdictions. Chicago has taken the advocacy path which called for solidly trained officers who fully understand the nature and dynamics of domestic violence while enforcing the criminal laws and linking victims to support as its' favored strategy.

It should also be noted that Illinois is among the few states that allow for the State's Attorney to petition for an OP on behalf of a victim in criminal court, (sought on behalf of a complaining witness in a criminal case) thus encouraging victims' cooperation by paying attention to their safety considerations. This response forces the prosecutor to move beyond a limited review of the incident for which the defendant/abuser is charged for prosecution to include a larger view of the victim's need for safety over the short and long term.

All of these reforms in the system which had an institutional response of minimizing or ignoring violence against women required unrelenting diligence. Guiding that systemic reform required advocacy and "legal advocacy" became a form of service for DV providers. The key purpose of legal advocacy services was not only to assist individual victims in their individual case but also to ensure the system's response was always safe and responsive to victims in general. Ensuring that reforms continued was at first the work of advocates and later became an activity that reflected systemic partnerships and cross training.

Chicago was among the first places in the country to have a specialized DV criminal court with on site advocacy partnerships.<sup>11</sup> Today there is a Domestic Violence Court House dedicated to this purpose and more.<sup>12</sup>

## Civil Legal System Response

- Initial focus on independent OPs
- Free legal services with developed expertise
- More recent attention on issues of visitation and custody

<sup>11</sup> In 1986 the DV court opened with specialized personnel and on site not-for-profit advocates.

<sup>12</sup> See Session Three Legal Help System Design discussion.

Understanding the full dynamics of DV was at the heart of the creation of the scope and range of OP remedies under Illinois law. A wide range of possible remedies were included in the OP in order to address how the dynamics manifested themselves in each victim's case. Early on most legal advocacy provided from DV programs (not lawyer staffed) was on criminal cases. More recently there has been a shift of these non-lawyer advocates toward advocacy on behalf of victims seeking independent OPs.<sup>13</sup> While the system that exists today in Chicago's DV courts was the subject of another session it was noted that from the first DV court pilot and all DV court responses since in Chicago, there have been DV advocates on site. However the current capacity does not allow every victim the benefit of these services. It was also noted that despite the presence of advocates the full measure of protections intended by the explicit enumeration of available remedies for OPs under the Illinois Domestic Violence Act remains elusive for most victims in Chicago.

Moving beyond OPs, free legal services with a focus on domestic relation proceedings have been established in limited quantity to the need. Limited term direct federal funding has infused the local capacity of legal services.<sup>14</sup>

Finally, city and federal money has focused recent attention on issues of visitation and custody and developing Supervised Child Visitation Centers. These limited services are emerging to address a serious gap in focused work on custody and visitation issues in DV cases. The centers provide supervised child visitation and exchange services in DV cases when visitation is by and between parents.

## Child Abuse and Neglect

- Protocols screen for and account for service needs of victim parent
- "Failure to Protect" as part of an "injurious environment" concern
- Policy encourages CPS workers to encourage victims to seek OPs as part of their service plan to avoid loss of custody to the State; illustrate effort to protect child from exposure to DV

When examining the response to children exposed to DV it was noted that there have been key developments in protocols of the Department of Child and Family Services (DCFS) or child protection/child welfare systems. DCFS protocols screen for and account for service needs of the victim parent. There has been conflict in the response approach in this area. Protection of child(ren) is paramount for DCFS while DV programs try to maintain equal regard for victim's and children's safety, noting that supporting victims is the best way to keep children safe from DV abusers and the negative impact of separation from their mother which occurs if State protective custody is taken.

Child protective services "failure to protect" allegations against mothers who are victims of DV have led to a policy which directs DCFS workers to encourage victims to get an OP as an illustration that they are trying to protect their children from ongoing exposure to DV. Within DCFS ongoing work is occurring with dedicated internal DCFS staff along with networking and training with DV advocates to ensure that the mutual mission of safety from abuse for children and mothers is the central focus.

<sup>13</sup> Independent of a criminal case or a divorce or other domestic relations proceedings.

<sup>14</sup> See Session Three Legal Help System Design discussion.

## CONCLUSION

In concluding the historical overview it was noted that taken as a whole Chicago's response system is similar to others around the country reflecting the historical goals and the service direction just described. Summit participants were asked to once again consider how Chicago's response should be enhanced and improved to further advance the principles of victim safety and abuser accountability in current times.

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### *Victim Help Seeking Behavior and the Current Service System*

Maintaining the approach of keeping current victims' needs central to the discussion, the framing presentation moved to a review of victims' help seeking, pathways to assistance, connections and receipt of victim services.

How victims seek help or pathways to assistance was illustrated in the framing session by a review of City of Chicago Help Line data

#### Victim Help Seeking and the Current Service System

##### Help Seeking Pathways

- City of Chicago Domestic Violence Help Line
- 24 hour /7 days a week
- Confidential
- Multi-lingual
- Information, safety planning
- Referral, linkage

The City of Chicago Domestic Violence Help Line serves as a clearinghouse referral linkage to community based services. Trained domestic violence advocates provide a confidential, multi-lingual service that is available 24 hours a day, seven days a week. The Help Line DV advocates, supervisors, and the director have been staff under a stable partnership with the Chicago Metropolitan Battered Women's Network (CMBWN) since the Help Line inception in 1998. The community based referral information is up to date and allows for thoughtful review of a victim's needs in order to best link the caller to appropriate and available services. This linkage function is the core of the Help Line mission. Providing information and support, basic safety planning and a review of the victim's options is also a vital part of the Help Line service. Funding and data support is provided by the Office on Domestic Violence (ODV). The ODV's Research and Evaluation Coordinator provides analysis of the Help Line data.

In 2008, the Help Line responded to between 2,500 and 3,000 calls each month. While the majority of the callers to the Help Line were victims, a variety of other "end-users"<sup>15</sup> contact the Help Line seeking information. While data is not collected for research purposes, it is collected on each victim related call in order to facilitate the task of linking or referring the caller to the requested and appropriate services. This data also

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<sup>15</sup> Other Help Line "end users" include: abusers, DV agency representatives, family members, friends, police/fire/EMT personnel, medical service providers, health care professionals, social workers, neighbors, education personnel, legal service providers, employers, clergy, other helping professionals or social service providers.

provides insight regarding victim characteristics, abuse experience, referral source and service needs.<sup>16</sup> As police are mandated under the Illinois Domestic Violence Act (IDVA) to inform victims about victim services, it is important to note that the Chicago Police Department's response protocol requires that victims be informed of the Help Line. By providing one central clearinghouse number to victims the police department is linking a victim to an informed advocate who assists the victim in identification of her service needs and appropriate referrals to meet those needs.

Help Line data from 2008 was presented by Ebony M. Dill, ODV Research and Evaluation Coordinator, as a representation of victims who contact the Help Line prior to connecting with and receiving services. The Help Line is often a first or early step in a victim's help seeking or outreach. The Help Line data presented reflects the characteristics, abuse experience, referral source, and service requests for three victim caller groups; "all victim callers" and two sub groups of all victim callers, "senior victim callers" and "teen victim callers." Relevant differences between these caller groups were noted.

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## *Victim Help Seeking Behavior*

### ALL VICTIM CHARACTERISTICS

In 2008, all victim callers to the Help Line were primarily female (93%), their median age was 32 (Range: 13 to 94), just over half were Black (59%) and most callers spoke English (89%).<sup>17</sup> Two-thirds of all victim callers reported having dependent children (59.8%) or being pregnant (6.4%) at the time of the call to the Help Line. Victims reported having around 2 children (median) with as many as 10 children. Children's median age was reported as 4 years old (Range: 0-18 years old). Less than 1% of victims described having a special need that should be considered when making service referrals. In past years, these needs have included physical illness, mental illness, substance abuse, wheelchair assistance and visual and hearing impairments as well as DCFS involvements, dietary needs and the use of an animal assistant. Victim characteristics are also illustrated in Figures 1.1 through 1.4.

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<sup>16</sup> Office on Domestic Violence (ODV) produces an annual report that profiles the characteristics and service needs of victim callers to the Help Line by Chicago zip code designations. The Help Line Zip Code Area Profile Report for 2008 and previous years can be found on the City of Chicago's website under the Department of Family and Support Services, Division on Domestic Violence links.

<sup>17</sup> English speakers included those who spoke English well enough or were assisted by someone who spoke English well enough for the Help Line staff to conduct the call in English. In 2008 calls were conducted in other languages including Spanish, Polish, Russian, Hindi, Pakistani, Arabic, Vietnamese, Tagalog, Japanese, Amharic, Cantonese, Korean, Lithuanian, Mandarin, Serbian, Tamil, Thai, Ukrainian, and Urdu. In previous years calls were also taken in French and Greek. Calls were also conducted over the TTY for hearing and speech impaired callers.

Figure 1.1

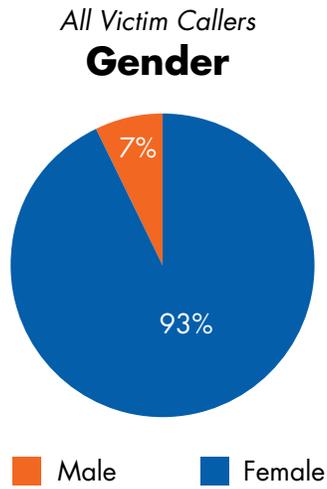


Figure 1.2

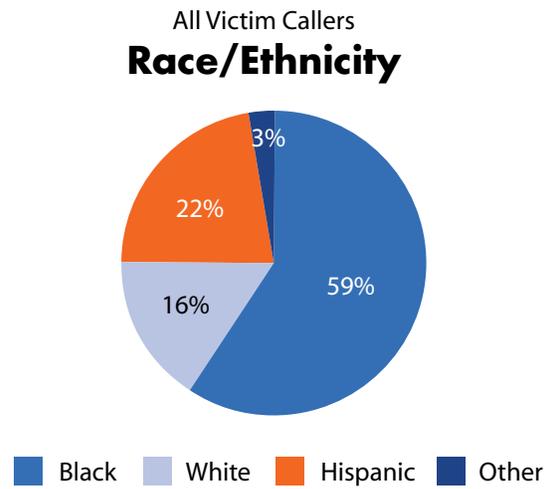


Figure 1.3

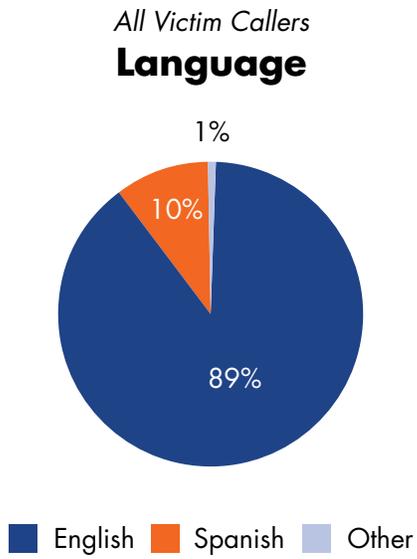
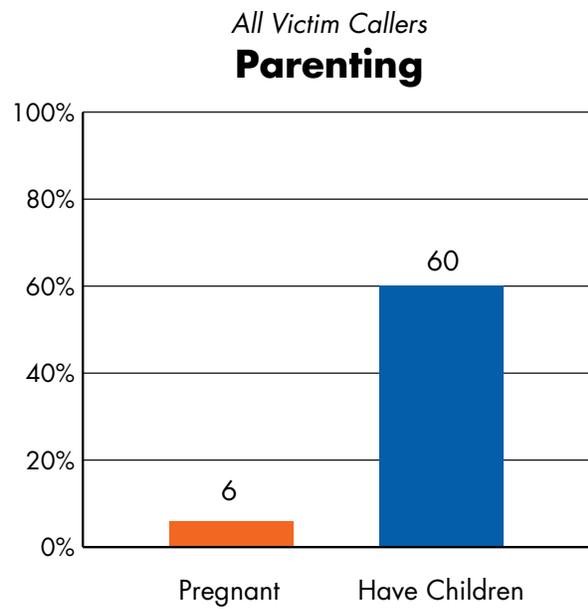


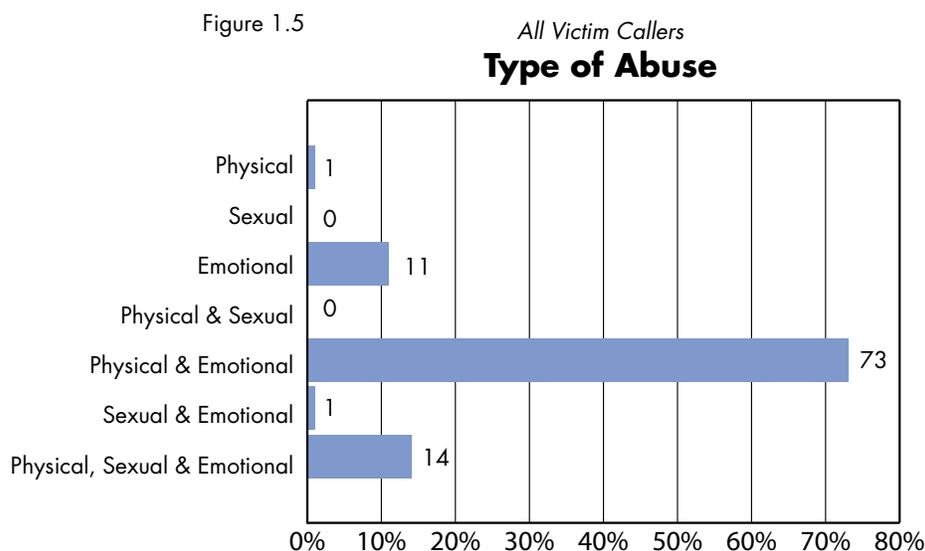
Figure 1.4



## VIOLENCE EXPERIENCE

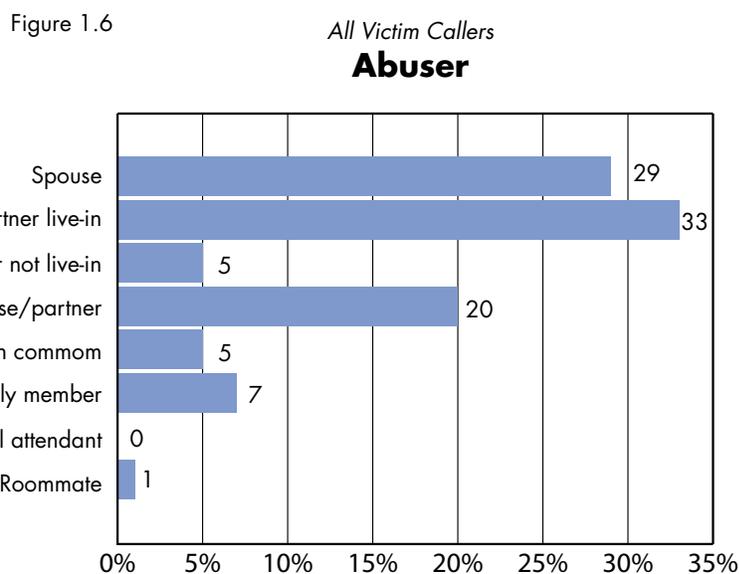
### Type of Abuse

Victim callers reported experiencing physical, sexual, and emotional abuse alone or in combination (see Figure 1.5). Nearly three-quarters of victim callers reported physical and emotional abuse together, indicating that these callers were experiencing more than arguments and that coercion or force was used. When you include those who also experience all three forms of abuse, this data illustrates that nearly 90% of victims experienced physical abuse. Summit participants noted that victims under report sexual abuse initially. However, sexual and emotional abuse often co-occurs with physical abuse.



### Relationship to Abuser

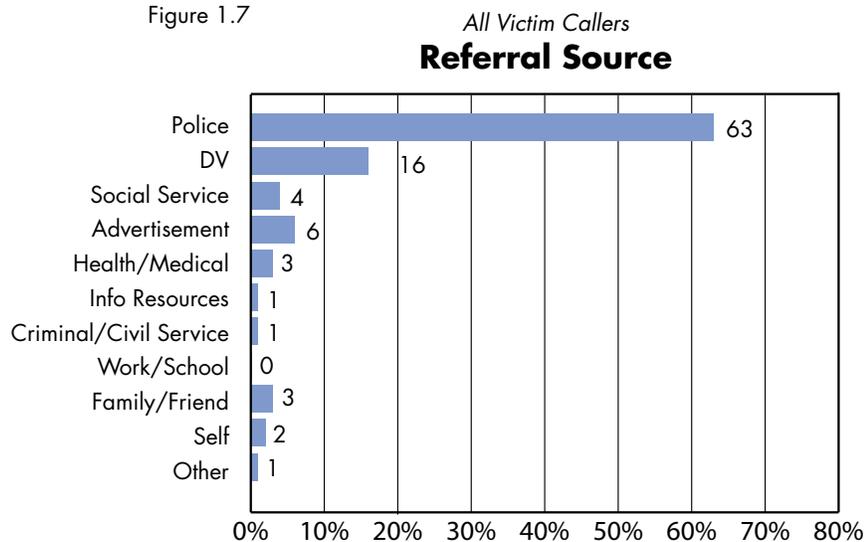
Abusers were often identified by the victim as spouses (28.8%) or live-in partners (32.5%) indicating that nearly 60% of victims are living in close proximity with their abuser when they are calling the Help Line seeking assistance (see Figure 1.6). Twenty percent (20%) of abusers were identified as an ex-spouse or ex-partner. This suggests that victims are being pursued after separation from a relationship. Victims also identified a family member or other blood relative as their abuser 7.2% of the time. Nearly twenty percent (18.1%) of victim callers to the Help Line had an order of protection against their abuser prior to making the call to the Help Line.



## REFERRAL SOURCE

Referral source serves as an indicator of victims' pathways to service or "help seeking behavior" (see Figure 1.7). The police were an identified referral source nearly two-thirds of the time followed by domestic violence agencies and/or programs (15.8%) and advertisements (6.3%). It is noteworthy that while advertisement for the Help Line has been limited it was the third most referenced source surpassing referrals from social services agencies, family/friends, health/medical, and work/school. This finding is surprising, as many of these sources have protocols in place to refer victims of domestic violence to the Help Line. Referrals from family and friends are nearly equal to referrals from social service agencies. This suggests that community members play a key role in connecting victims with the Help Line. Summit participants were asked to consider the role and success of efforts at community mobilization through CAPs, media and awareness outreach, health fairs, and faith-related outreach in informing and connecting victims with the Help Line. It is important to note that victims may encounter more than one individual who informed them about the Help Line. Since the Help Line records only one referral source, the referral source identified is likely to be closely related to events that triggered the call or a source that the victim thinks is important to report.

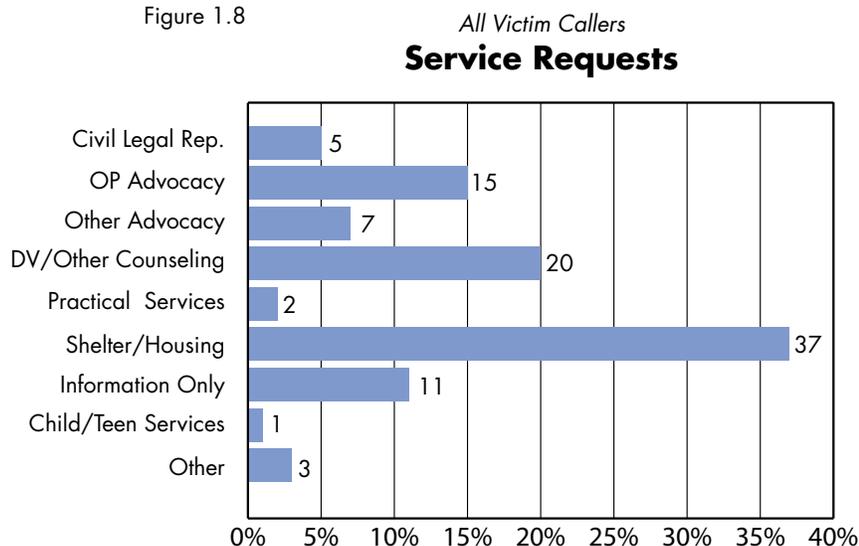
Figure 1.7



## SERVICE REQUESTS

The Help Line tracks the types of services victims who called the Help Line requested. It should be acknowledged that what the data reveals about service requests is essentially built upon and limited by the current service model and represents what is available for victims. The data illustrated in Figure 1.8 does however give an indication of victims' early help-seeking efforts, that is, those efforts that occur prior to receiving service. The majority of victims requested, on average 1 service, with just about 15% requesting multiple services (range=1–10). Thirty-seven percent (37%) of victims needed emergency shelter or permanent housing. It should be emphasized that this is a combination of the need for emergency shelter and permanent housing. This reflects the fact that separation from an abuser often leaves a victim with a need for safe housing. Nearly equal to the need for shelter/housing were the percent of combined requests for DV counseling (20.2%) and support with orders of protection (15.1%). Both of these services are commonly offered in non-shelter DV program models of service. Victims less often requested legal representation (5%), practical needs assistance (2%) and child/teen services (1%). Summit participants' service experience mirrored these findings regarding victims' needs. Many participants acknowledged that when victims seek initial support their primary concern is often to interrupt and stop the abuse. Service such as shelter or counseling and OP advocacy help address this primary need. Participants further added that once victims have these initial needs met they are then better positioned to focus on more long term service needs, such as employment (practical assistance) and services for their children.

Figure 1.8



## SENIOR AND TEEN VICTIM CHARACTERISTICS

The framing presentation also provided information on senior and teen callers (see Figures 1.9 – 1.12). As with the all victim caller population, senior and teen victim information was reviewed and analyzed.

### Senior Victims

Senior victim callers were between the ages of 60-94 (median=67) and represented only about 1.4% (N=66) of all victim callers (N=4,718) to the Help Line in 2008. Similar to all victim callers, the majority of senior callers were female revealing that nearly a quarter of senior victims were male (22.7%). This is much greater than the 6.7% of male victims observed within the all victim caller population. Most senior callers to the Help Line were Black. In relation to all victim callers, more senior callers were White and fewer Hispanic. Nearly all calls from senior victims were taken in English. Eighteen percent (18.3%) of senior victims reported having between 1 and 4 dependent children (median=1.5) whose median age was 12 years old. For seniors, this could also include adult children over the age of 18. Very few senior victims reported having special needs. This may be an indicator that this is a population of able bodied, able minded seniors who contacted the Help Line for support.<sup>18</sup>

### Teen Victims

Teen callers between the ages of 13-17 years of age (median=17) also represented about 1.4% (N=63) of all victim callers (4,718) to the Help Line. Similar to the all victim caller population, teen callers were female (95.2%), Black (65.1%), and spoke English (87.3%). It was, however, noted that more teen callers were Black and fewer were White compared to the all victim caller population. Hispanic teens called in similar proportions to all victim callers. In addition, some non-English speaking teens called the line. The data requires further analysis to determine if the non-English speaking teens are new immigrants. A little more than one-third (39%) of teen victims reported having one dependent child or being pregnant (15.5%). The child's median age was 6 months (range=0–3). Few teens reported having other types of special needs (1.6%).

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<sup>18</sup> Summit participants indicated that often elder abuse, as a form of domestic violence, occurs among impaired seniors. Senior victim calls to the Help Line are much lower than the elder abuse call rates reported by the Elder Abuse Hotline which prompts a follow up investigation. This information is documented in "Preventing Abuse in Later Life" by the Illinois Center for Violence Prevention on their website.

Figure 1.9 Senior, Teen, All Victim Callers

**Gender**

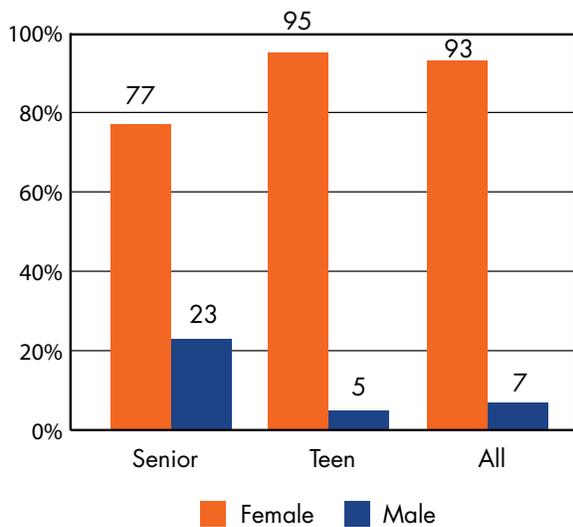


Figure 1.10 Senior, Teen, All Victim Callers

**Race/Ethnicity**

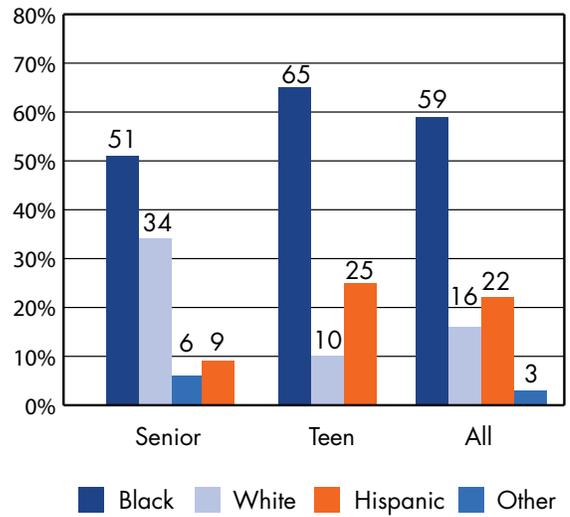


Figure 1.11 Senior, Teen, All Victim Callers

**Language**

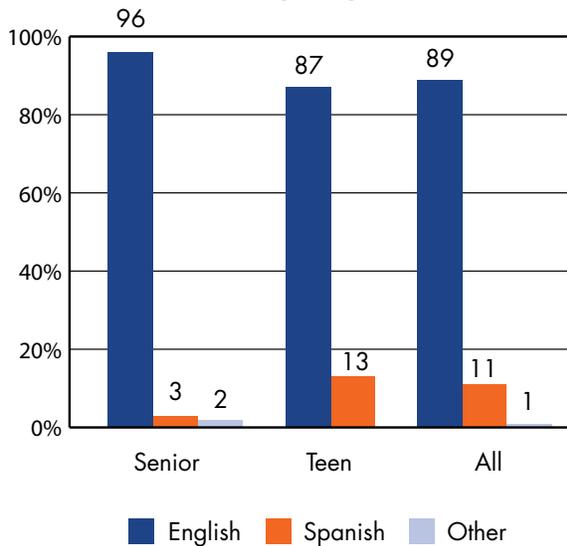
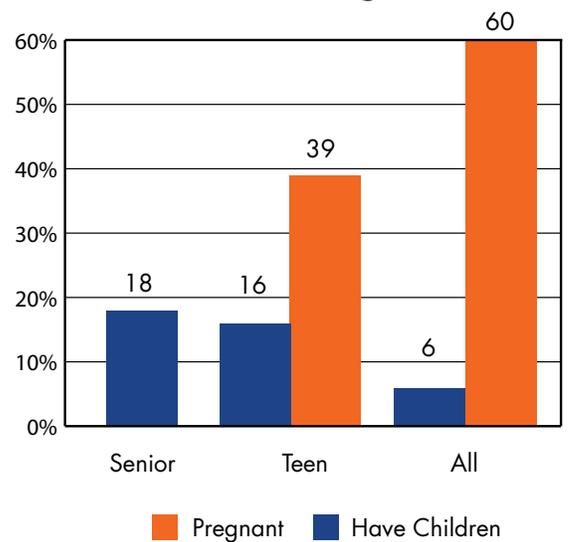


Figure 1.12 Senior, Teen, All Victim Callers

**Parenting**



## SENIOR AND TEEN VICTIM VIOLENCE EXPERIENCE

### Senior Victims

Senior victims reported experiencing physical and emotional abuse together (57.8%) or emotional abuse only (37.5%). Taken together, these two forms of violence accounted for nearly all forms of violence reported by senior victims. (see Figure 1.13). Compared to all victim callers, senior victims reported slightly less physical and emotional abuse together, much more emotional abuse alone and a lot less sexual abuse alone or in combination. Their abusers, as shown in Figure 1.14, were someone that they lived with as either a spouse (37.5%) or a partner (7.8%). The remaining nearly half of abusers were reported to be a family member/blood relative (46.9%). The data indicates that seniors were abused by someone close to them. This in turn may make them more vulnerable to abuse and subject to coercive force or neglect. Few senior callers had an OP (6.7%) against their abusers at the time they called the Help Line.

### Teen Victims

Nearly three-quarters (73.3%) of teen victims reported experiencing physical and emotional abuse combined which is similar to all victim callers (see Figure 1.13). When this finding is combined with 8.3% of teens who report experiencing physical, sexual, and emotional abuse combined, this illustrates that 81.6% of teen victims are being physically hurt and abused. Teens reported experiencing more emotional abuse (15%) than all victim callers (10.5%), but definitely less than seniors (37.5%). In similar proportion to all victim callers, teens most often reported their abuser was a live-in partner (33.3%), indicating a close physical relationship (see Figure 1.14). Teens also reported ex-partners (20.6%) as their abusers in fairly high numbers. As with all victim callers, teens are being pursued after the breakup of a relationship which may include instances of stalking requiring specialized teen safety planning. As in the case of seniors, teens reported that a family member was frequently abusive (23.8%). While it has generally been reported that teen victims have difficulty obtaining orders of protection, many teens already had an order of protection (24.1%) against their abuser in place when they called the Help Line.

Figure 1.13

Senior, Teen, All Victim Callers  
**Type of Abuse**

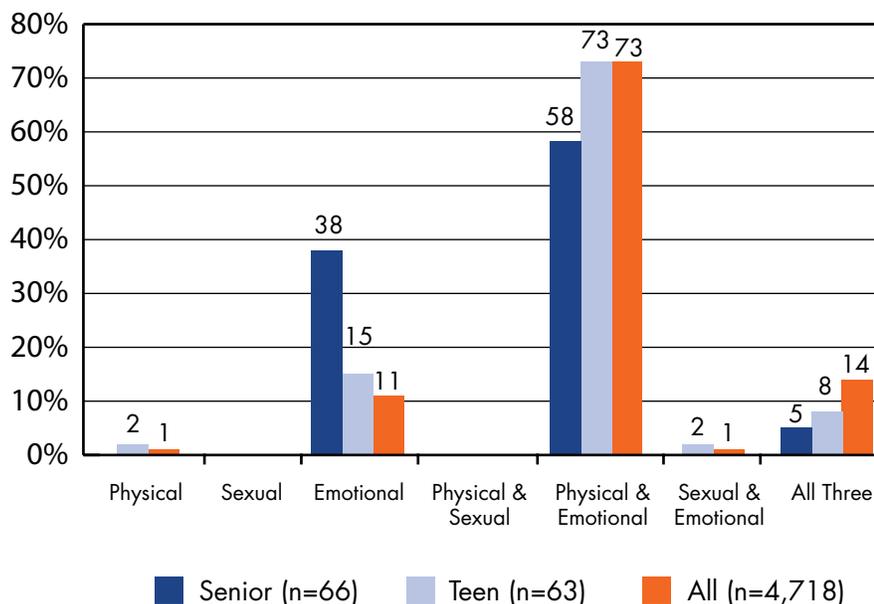
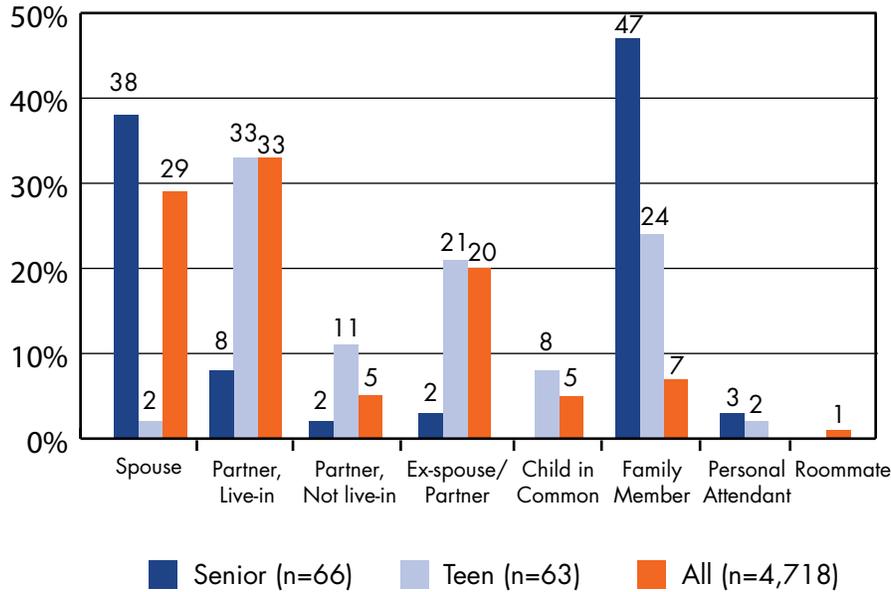


Figure 1.14

Senior, Teen, All Victim Callers

**Abuser**



SENIOR AND TEEN VICTIM REFERRAL SOURCE

**Senior Victims**

Seniors were referred to the Help Line by the police (70.8%) in large numbers (see Figure 1.15). Seniors may be referred to the Help Line during a risky situation that required police involvement. Domestic violence agencies (16.9%) referred senior victims to the Help Line. Police and DV agencies referrals were reported in similar proportion to all victim callers. Additional findings worth noting are that advertising as a referral source, while small, exceeded referrals from family and friends as well as social service agencies. Also no senior indicated being referred by medical providers. Summit participants noted that seniors often have contact with medical providers and medical practice should be screening for abuse among seniors.

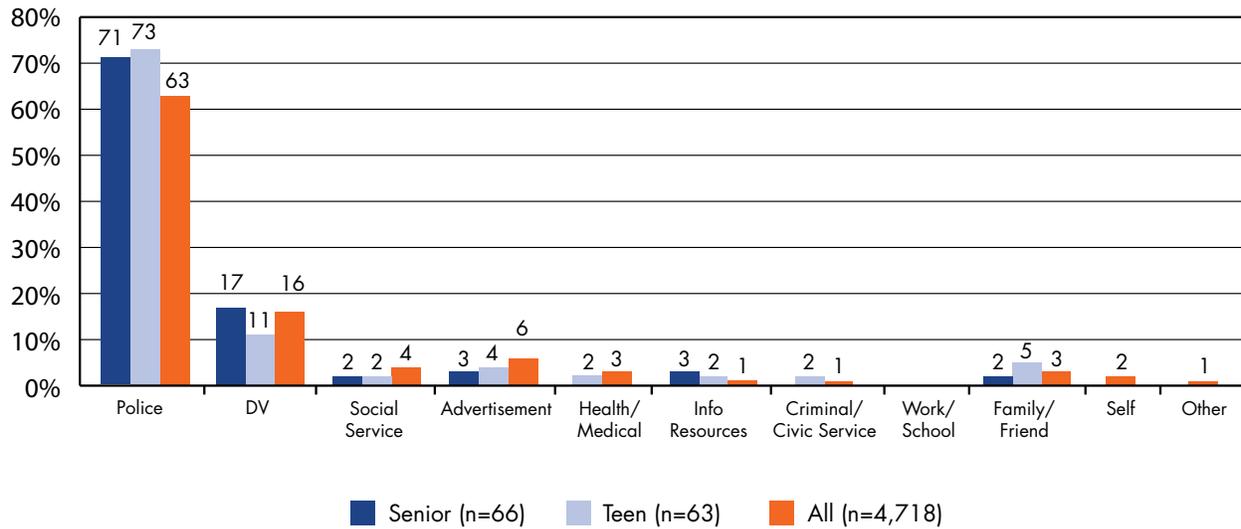
**Teen Victims**

Teen callers, like all victim callers, reported that the police (73.2%) followed by domestic violence agencies (10.7%) were their referral source to the Help Line (see Figure 1.15). It appears that the current police response protocol results in teen victims receiving the Help Line referral and placing a call. Also note worthy is that family and friends (5.4%) were the third most referenced referral source. This seems to indicate that community mobilization and bystander work with youth is having some impact. Advertisement (3.6%) as a referral source, again as with all victim callers, exceeds remaining sources like social service providers (1.8%), medical providers (1.8%), and schools (0%). Again, Summit participants noted that school policy encourages school personnel to make the referral to the Help Line yet teens are not calling in large numbers nor reporting schools as a referral source.

Figure 1.15

Senior, Teen, All Victim Callers

### Referral Source



## SENIOR AND TEEN VICTIM SERVICE REQUESTS

### Senior Victims

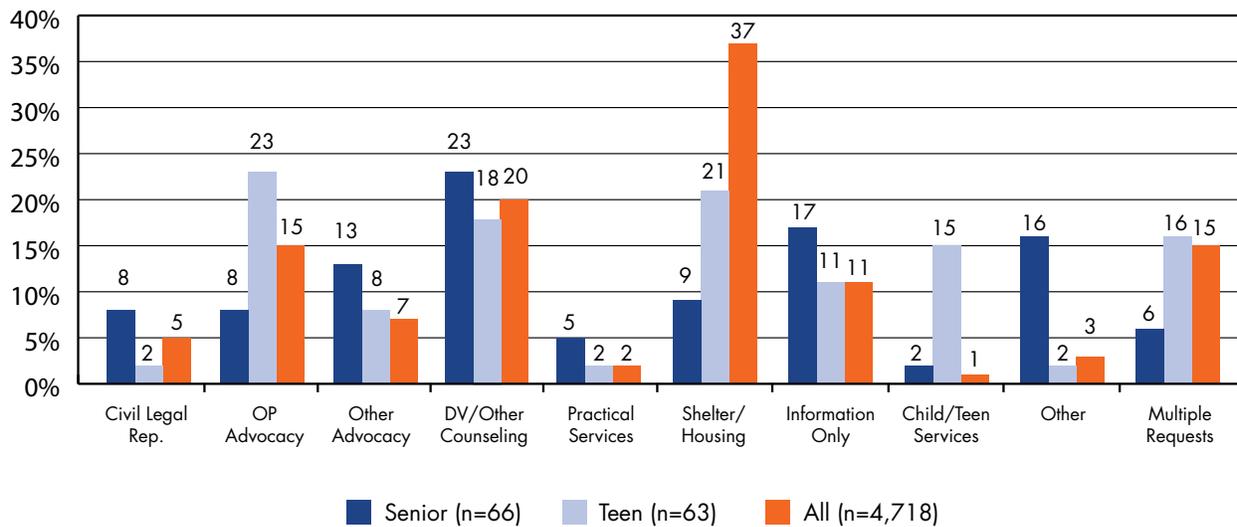
The services that senior victims requested were counseling (23.4%), information (17.2%), advocacy services (12.5%), and OP advocacy (7.8%). Not many senior victim callers requested shelter (9.4%), an attorney (7.8%) or other practical services (4.7%). Few senior victim callers requested more than one service (6.3%). Service requests are depicted in Figure 1.16 for seniors and teens.

### Teen Victims

Order of Protection (OP) advocacy (22.6%) was the most frequently requested service for teen victims. Based on the fact that teens are requesting OP advocacy and also requesting civil legal assistance (1.6%), Summit participants called for examination of legal issues which emerge while representing youth, including issues related to parental notifications and work with other similar systems that are responsible for youth. Shelter and/or housing (21.0%) were the second most frequently requested service. This is noteworthy as the consequences of not addressing this need could be youth homelessness and possible exploitation by others if teen victims end up on the streets. Lastly, teen victims were looking for counseling (17.7%), information only (11.3%), and services specifically for children and teens (14.5%). These service requests show a critical need for DV informed youth service models. Sixteen percent (16.1%) of teens requested more than one service.

Figure 1.16

Senior, Teen, All Victim Callers  
**Service Requests**



**VICTIM HELP SEEKING SUMMARY**

The presentation on victim help seeking behaviors asked, “What could participants conclude about victims who were seeking services via the Help Line from the data presented?”. To summarize, most victim callers are on average 30 years of age noting that senior and teen victims are not calling the Help Line in significant numbers. Many victim callers including teens are pregnant or parenting. The vast majority of callers report being physically and emotionally abused. Abusers are most often identified as a spouse or a partner living with the victim, followed by ex-relationships indicating that the abuse continued after the relationship ended. Black women as well as non-English speaking victims use the Help Line as a resource. Despite outreach in diverse print media, non-English speakers still call the Help Line less often. Police are a major pathway into service for all victim callers. Other major referral sources are under reported by victims or referrals by these sources (medical, employers, and schools) are not being made. Lastly, the reported service requests may not reflect the priority of victims’ needs in so much as it reflects the community based services the Help Line has to offer.

## *Victim Service Connections and Attempts*

Help Line data clearly illustrates who called and what service referrals they requested. However, the data does not reveal a number of vital things including whether the Help Line service was useful, whether those referred by the Help Line ever got the service requested by making a connection, whether their priority of needs was addressed by the available referrals, or whether those referred ever sought or attempted to connect with the services requested. To this end, the presentation proceeded with an examination of what happened once the victim got a service referral from the Help Line.

As Slide 1.2 outlines, to answer these outstanding questions, the results of an evaluation of the Help Line's effectiveness in meeting the needs of diverse victims<sup>19</sup> were examined. In 2004, the Mayor's Office on Domestic Violence and Loyola University's Center for Urban Research and Learning (CURL) initiated a 2 year evaluation of the Help Line. The National Institute of Justice (NIJ) funded this study to assess the effectiveness of the Help Line's operation in meeting the needs of diverse victims. The research data presented at the Summit were based on follow-up telephone interviews conducted with an initial sample of 399 domestic violence victims who had contacted the Help Line in the previous year. Interviews were conducted on average within 11 days from the victim's call to the Help Line. This follow up sample of victim callers was representative of the characteristics of typical victim callers to the Help Line. Some of the key findings from this evaluation were presented by Christine George, evaluation co-author and Research Professor at Loyola University Center for Urban Research and Learning.

Slide 1.2

### Victim Service Connections and the Current Service System

#### NIJ Study

- How effective victims were in connecting with services they were referred to via the HL
- Follow-up telephone interviews with 399 DV victims who previously called the HL
- Describe successes/challenges in service connections

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<sup>19</sup> Fugate, M., George, C., Haber, N., & Stawiski, S. (2006). Providing a citywide system of single point access to domestic violence information, resources, and referrals to a diverse population: An evaluation of the city of Chicago domestic violence help line. Final Technical Report (Award No:2003-WG-BX-1008). Washington, D.C.: National Institute of Justice. A copy of the report is available on the National Criminal Justice Reference Service website.

## SERVICE REQUEST AND REFERRAL

Part of the follow-up telephone interview included determining if victims received the information, referral, or direct linkage for the specific service they requested. Of the service requests explored in this evaluation, the majority of victims reported getting the information or referral for the service that they requested. For example, the majority of victims who requested information on orders of protection reported that they got the referral (89%) they wanted (see Slide 1.3). Other service requests where many victims received the information or referral they sought included: safety tips and planning (87% received the information or referral), counseling (84%), general information (83%), and legal services (71%). Only a little more than half of victims who requested shelter reported getting the information and referral for the service (60%). This does not mean that victims got into the service they requested, just that they received the information or referral that they were looking for at the time of the Help Line call.

Slide 1.3

### Service Connections and the Current Service System

#### Service Requests

Majority of victims reported getting the referral information that they requested

- OP
- Safety Tips
- Counseling
- General Information
- Legal Services
- Shelter

## SERVICE CONNECTIONS

Slide 1.4

### Service Connections and the Current Service System

#### Service Connections

- Approximately two-thirds made an attempt to connect with the service
- Almost half were able to get the service they wanted

Additionally during the follow-up interview victims were asked if they were able to connect to the service for which they received the information or referral. Approximately two-thirds of victim callers reported that they made an attempt to connect with the service they requested and almost half were able to gain access to the service they wanted (see Slide 1.4).

Victims who were unable to connect to a service reported that the service existed, but could not meet the current demand (see Slide 1.5). For example, the service may not have been available at the time of the call or may not have had adequate space for accompanying children in the case of shelter. Other reasons for not connecting with a service

included the fact that the service did not fit the victims' assessment of her needs. This could mean that the service was too far for the victim to travel, the victim did not meet the income requirement for access to the service, or the DV shelter could not accommodate older boys at the time of the request. The absence of or extremely limited capacity of services were also barriers, especially for male victims seeking DV shelter, victims who are substance abusers, victims in need of dental care to replace a tooth, or counseling for children who witnessed adult domestic violence. Those with multiple needs also found it difficult to connect with service agencies which would address the full range of their needs. Some services were harder to access than others. In particular, victims looking for shelter, housing, and legal services found it harder to get the requested service than those looking for orders of protection or counseling. Further analysis found that shelter (74%) and legal services (74%) were more often out of the callers neighborhood compared to 55% of counseling service found in the callers' neighborhood.

Slide 1.5

## Service Connections and the Current Service System

### Missed Connections

- Victims who were unable to connect to requested service reported:
- Service was unavailable
- Phone was busy or they were put on hold
- Ineligible for the service
- Travel too far
- Opted to use another service
- More difficulty to obtain shelter, housing, and legal services (vs OP or counseling)

### SERVICE CONNECTION BARRIERS

Victim callers, who did not attempt to connect to the service beyond getting the referral or linkage requested, stated that they were “sitting on” or “holding onto” the information because they had not quite made up their minds, felt there were no good options, felt their situation had improved, decided to use a different service, could not find a service in their area, got nervous/had cold feet, or lost the information (see Slide 1.6).

Slide 1.6

## Service Connections and the Current Service System

### Never Attempted Connection

Of those who did not attempt to connect, beyond getting the referral or linkage request:

- Sitting on/holding onto information
- Felt there were no good options
- Situation improved
- Decided to use a different service
- No service in their area
- Got nervous/had cold feet
- Lost information

Further analysis showed that Black victim callers and callers who were looking for shelter, legal services, OP, or general information were more likely to report that they were sitting on or holding onto information. Hispanic/Latino and White victim callers and those looking for shelter, counseling, legal services, general information and safety tips reported more often that they felt there were no good options. Victims, who reported that their situation improved, were more often Black or Hispanic/Latino or callers looking for OPs, or general information. Other reasons mentioned by victim callers who did not attempt to connect with the service requested, albeit with fewer frequency were that they decided to use a different service, no service was in their area, they got nervous or had cold feet, or lost the information.

The study also examined whether the Help Line was meeting the needs of diverse (Black, Hispanic/Latino, and White) victim callers (see Slide 1.7). Regardless of race/ethnicity, all victim callers were looking for the same combination of services. However, Black victims interviewed were more likely to be seeking shelter than the other two groups. White and Hispanic/Latino victims were more likely to be seeking counseling than Black victims (although not statistically significant). Hispanic/Latino victims were more likely to be seeking legal services, OP, and general information than other groups. Since, shelter needs were often not met, Black respondents were more likely not to connect to service and more likely to report not having their needs met.

Slide 1.7

## Service Connections and the Current Service System

### Victim Characteristics and Service Request Patterns

- Black victims were more likely to be seeking shelter than other racial/ethnic groups
- White and Latino victims interviewed were more likely to be seeking counseling than Black victims (although not statistically significant)
- Latino victims were more likely to be seeking legal services, OP and general information than other groups

## VICTIM SERVICE CONNECTIONS AND ATTEMPTS SUMMARY

This presentation made it clear, as summarized in Slide 1.8, that a majority of victims received the information, referral, or linkage they requested from the Help Line with many connecting with and receiving the service that they needed. However for those who did not get the service(s) they wanted, several barriers emerged: while the service did exist, it could not meet the demand; the service offered did not fit the victim's need; or the service was very limited when the victim had multiple needs rather than one dominant need.

The identified priority service often times was not in the victim's neighborhood. Sometimes victims pass on the agency that offers the preferred services for one which is located in or near their neighborhood. Traveling out of neighborhoods is difficult because of their children's school, personal work schedules and their ability to physically travel to the service. Leaving school and work is not always an option because of location and service availability concerns.<sup>20</sup>

Slide 1.8

## Service Connections and the Current Service System

### Findings from NIJ Study of Victim Service Connections

- Majority got the info, referral, or linkage requested
- Nearly half reported getting into the service requested
- Service exists, but cannot meet the demand
- Service does not fit the needs
- No/very limited services
- Multiple needs, not one dominant need

<sup>20</sup> See the section titled "Current Service System Capacity" for a detailed discussion on location, capacity, and scope of community based services.

# Service Receipt

Once a victim receives a service referral, has connected with the provider agency, and begun services, these services are tracked by InfoNet. As Slide 1.9 outlines, InfoNet is a web-based data collection and reporting system used by State of Illinois funded domestic violence (DV) service providers. Not all DV providers use InfoNet. However, all providers that receive state funding are required to use this system including the majority of providers in Cook County. The type of services tracked by Info Net is defined by funded definitions (see Appendix E). Jennifer Hiselman, the InfoNet Manager and researcher for the Illinois Criminal Justice Information Authority (ICJIA) presented InfoNet data that was representative of services received for adult victim clients who lived in Cook County during 2008 (N=19,577) and separately for the combined years of 1998–2005 (N=97,627). Analysis support for the historical data was provided by Susan Grossman, professor at Loyola University. The two data periods were reviewed to see if there had been changes over time that may indicate changing needs or patterns of receipt of service.

Slide 1.9  
**Victim Services Received**  
 Info Net agency provider services

- Cook County data
- Info Net system for reporting to State funding sources
- Types of service defined by the funded definitions
- Not all DV agencies use Info Net

## VICTIM CLIENT CHARACTERISTICS

There appears to be patterns of consistency across many victim characteristics over time with a few key exceptions (see Figures 1.17 - 1.20). Specifically, there was an increase in the number of Hispanics from 24.9% (1998- 2005) to 34.6% (2008). Limited English speakers increased from 13.2% (1998- 2005) to 19.3% (2008). A slight decrease was noted for those reporting being pregnant from 6.7% (1998- 2005) to 4.4% (2008) or having children from 84.2% (1998- 2005) to 78.6% (2008).

Figure 1.17

InfoNet Victim Clients

### Gender

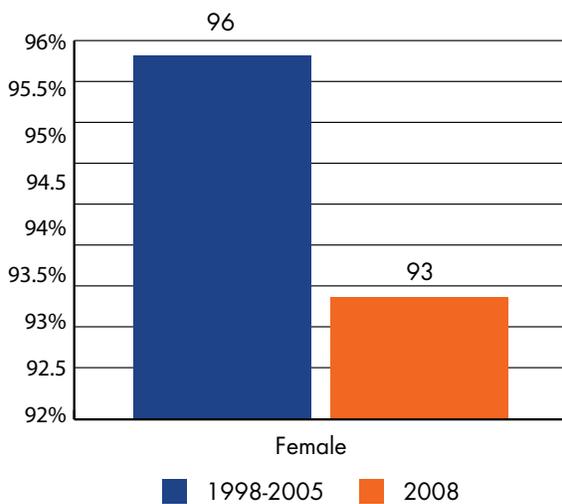


Figure 1.18

InfoNet Victim Clients

### Race/Ethnicity

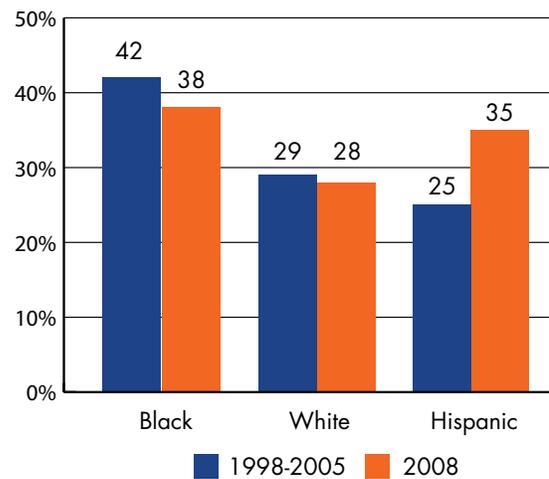


Figure 1.19

InfoNet Victim Clients  
**Language**

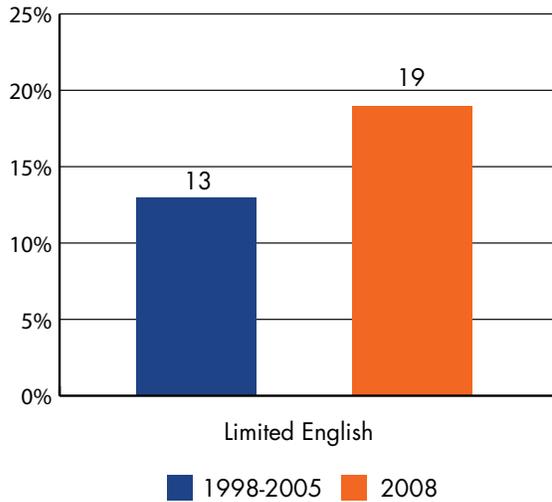
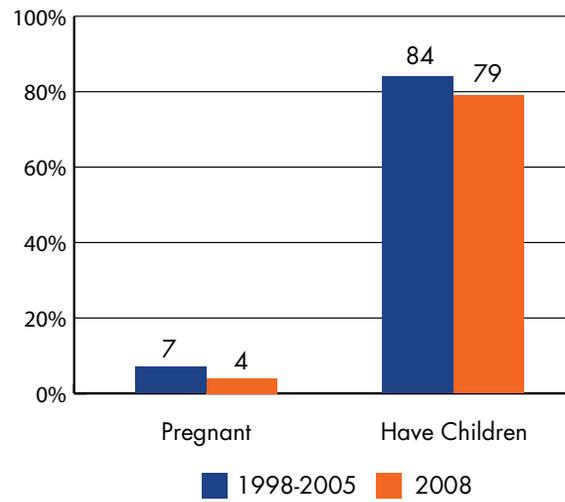


Figure 1.20

InfoNet Victim Clients  
**Parentage**



Other personal and socioeconomic characteristics were also pretty consistent over time (see Figures 1.21, 1.22). Less than half of the victims getting service are married. Most victims, across all years, have at least a high school diploma or degree. Half of victim clients reported income from full or part-time employment. Summit participants noted that employed victims may still be under resourced when considering the loss of a partner's income toward household living expenses. However, these victims have employment history and/or experience to sustain or build from during periods of transition. There was a notable decrease in the use of public assistance as an income source from 14.8% (1998- 2005) to 9.2% (2008). While this may reflect a shift to other forms of income, it may be an artifact of TANF reforms, like changes in eligibility and reporting formulas that led to fewer TANF assignments in 2008. There was also a slight increase in victims reporting that they have no health insurance from 35% (1998- 2005) to 38.1% (2008).

Figure 1.21

InfoNet Victim Clients  
**Relationship Status**

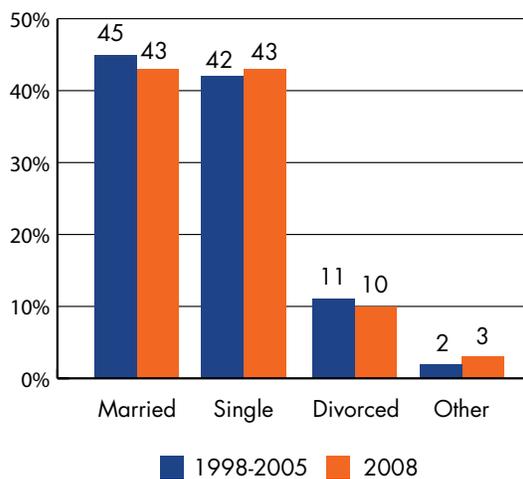
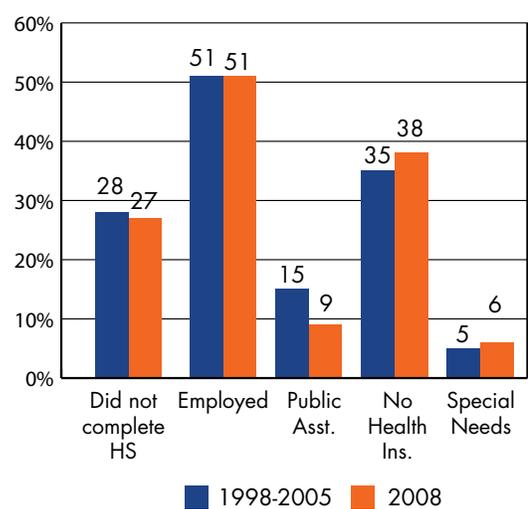


Figure 1.22

InfoNet Victim Clients  
**Other Characteristics**



## VIOLENCE EXPERIENCE

### Type of Abuse

In addition to victim characteristics, InfoNet tracks the type of abuse experienced by the victim (see Figure 1.23). Service providers select one of three types of abuse (emotional, physical, or sexual) that most resulted in the victim's decision to seek services. Although InfoNet contains additional checkboxes for additional forms of abuse experienced, it is not mandatory that service providers utilize them so only the primary form of abuse can be described at the regional level. While not certain, it was assumed that providers would indicate physical abuse as primary when multiple forms of abuse are reported by the victim to the service provider. There does appear to be some change in the primary types of violence reported in InfoNet over time. There was a decrease in the proportion (or percentage) of victims who reported being physically abused from 71% (1998-2005) to 56.9% in 2008. Meanwhile, the percentage of victims reporting emotional abuse as primary type increased significantly from 27.1% (1998- 2005) to 41.4% (2008).

### Abuser

Just over a half of the victims receiving service reported their abuser was a husband or boyfriend and just over a quarter reported that an ex-partner was their abuser (see Figure 1.24). This data indicates that although the relationship had ended victims were being pursued and continued to experience domestic violence. In 2008, 24% of victims receiving services from InfoNet participating agencies had an order of protection against their abuser. The historical information for orders of protection was unavailable because InfoNet did not capture OP information prior to 2008.

Figure 1.23

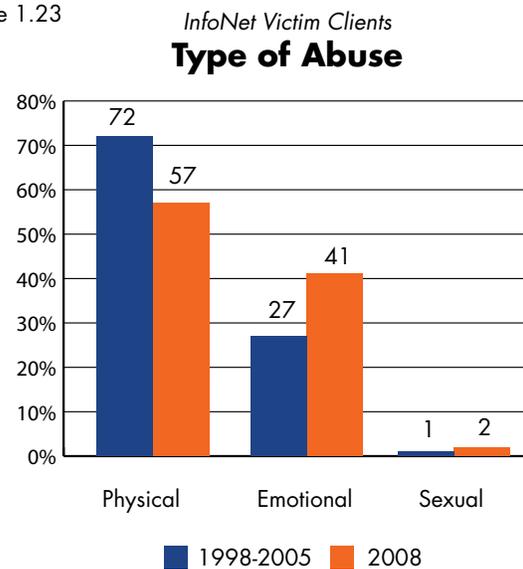
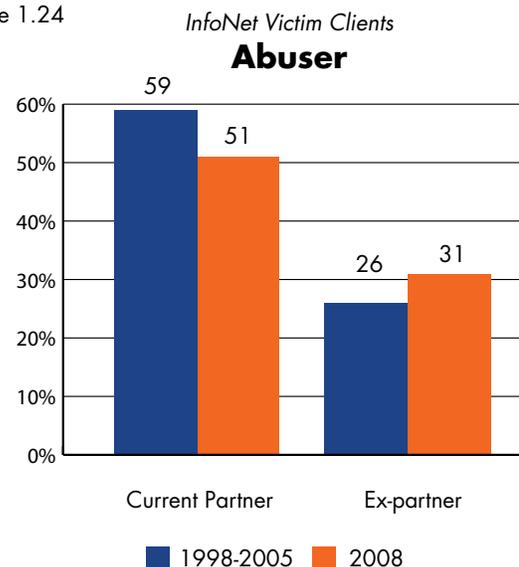


Figure 1.24

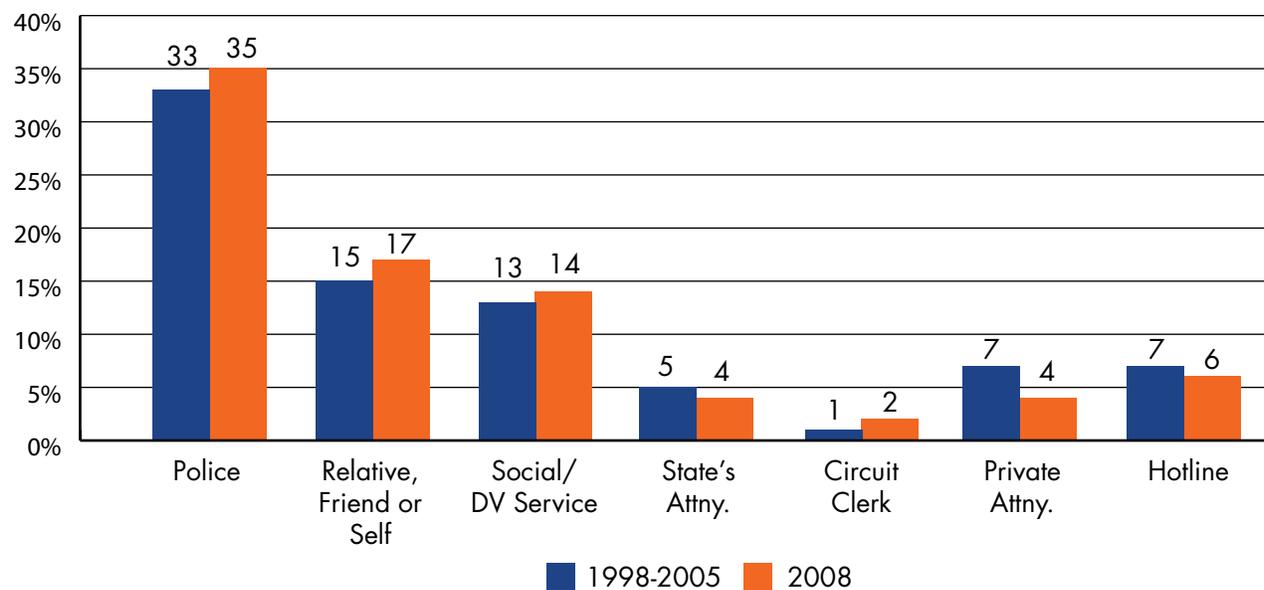


## Referral Source

As seen in Figure 1.25, most people not only learn about and call the Help Line as a result of police referrals, but victims who receive services also identified the police as their referral source.<sup>21</sup> While police are the most often identified referral source among those victims receiving services, reports of police as a referral source are not as high as Summit participants expected. Info Net data reveals that private attorneys appear to refer victims directly to the programs, although this number is decreasing. Relatives and friends once again prove to be a key referral source among those who actually receive service.

Figure 1.25

### InfoNet Victim Clients Referral Source



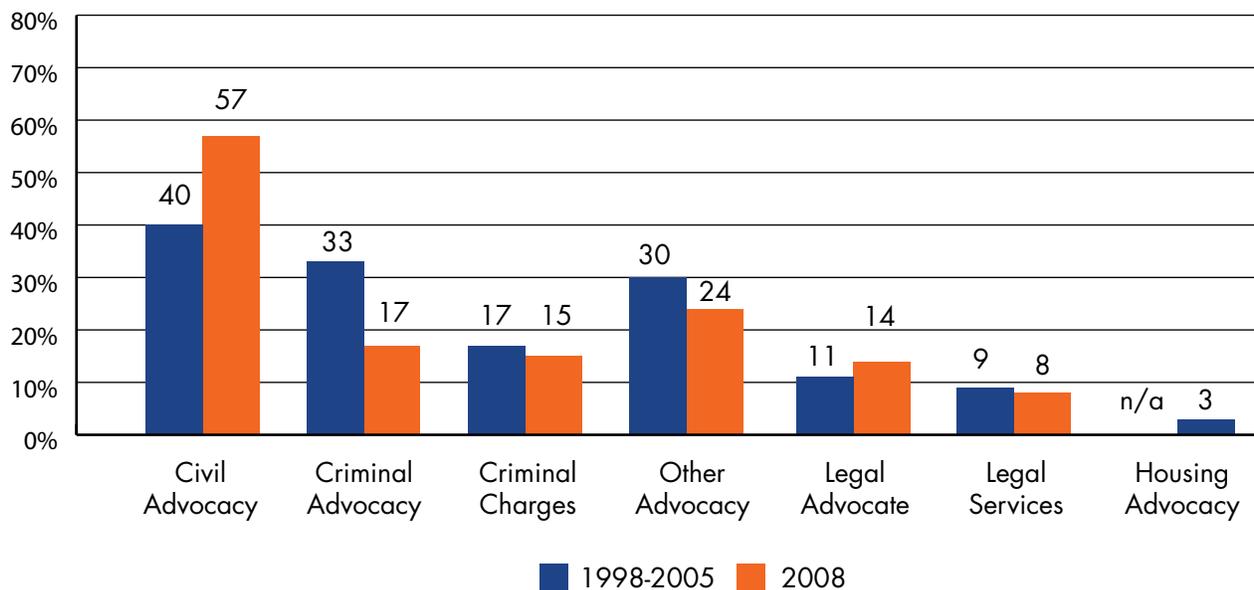
<sup>21</sup> When police refer to the Help Line and the Help Line refers to services, the victim might reasonably indicate police as their referral viewing the Help Line as an extension of that police referral.

## Victim Services Received

InfoNet data enabled a review of what types of services victims received (see Figures 1.26, 1.27).<sup>22</sup> A slight decrease was noted in both service hours and service contacts. Victims received on average 11.4 service hours historically (1998-2005) and 10.2 service hours in 2008. The number of service contacts also decreased from an average of 11.3 contacts (1998-2005) to 10.6 contacts (2008). Civil legal advocacy/order of protection service has increased over the prior years. Criminal legal advocacy/order of protection service has greatly decreased. Taken together criminal legal advocacy/order of protection and charges are diminished service areas. Legal services provided by an attorney have gone down just slightly from 8.5% (1998-2005) to 7.7% in 2008. Housing advocacy support was a new service variable for 2008 and was not reported in the previous years.

Figure 1.26

### InfoNet Victim Clients Service Received



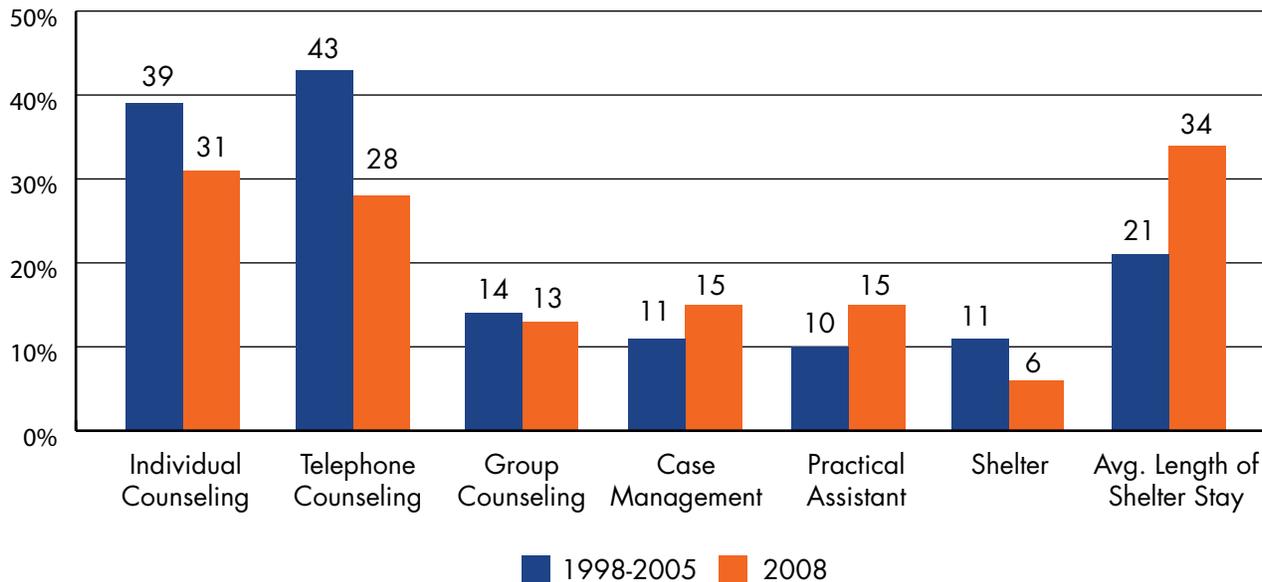
While nearly a third of the victims receiving services get individual counseling, there does seem to be a decrease of nearly 10% between the historical and current data. As most intakes are completed in-person one would assume this number would be higher. Telephone counseling has dropped by nearly half, therefore it does not appear that in-person, and individual counseling intakes have shifted to a telephone counseling category of reporting. Adult group counseling, once a mainstay of services, remains stable, however only slightly over 10% of victims report receiving adult group services. Collaborative case management increases reflect the need for support dealing with issues outside of the counseling sessions. Combined with practical assistance there seems to be about a quarter of victims getting some assistance with external issues. The number of adults that received on or off site shelter in 2008 is fewer than historically reported.<sup>23</sup> According to recent shelter research as well as Summit participant feedback, the characteristics and experiences of those who are in shelter has changed over time revealing that shelter residents require multiple and intensive services over longer lengths of stay.

<sup>22</sup> A list of InfoNet service definitions can be found in Appendix E.

<sup>23</sup> This reduction of approximately 5% fewer victims receiving shelter services than in the previous years (see Figure 1.27) may be accounted for by the closing of one 40 bed domestic violence shelter in Chicago.

Figure 1.27

*InfoNet Victim Clients*  
**Service Received (cont.)**



**Service Receipt Interconnections**

In preparing for the Summit, the presenters sought to examine how differing victim characteristics and abuse experiences intersected in varying combinations with referral source and ultimately on the types of service a victim received. The hypothesis was that different individual characteristics and violence experience would illustrate receipt of different bundles of service. The preliminary analysis also sought to determine if different victim characteristics and violence experiences illustrated a referral pathway difference (i.e., did certain victims take one pathway into services over another?). The analysis also examined whether the referral pathways were predictive of the types of service received. First, it was concluded that individual characteristics of victims served by InfoNet provider agencies did not lead victims to choose one pathway into service over any other pathway. Second, individual victim characteristics were not predictive of a certain bundle of types of service received. However it was noted that the referral source was a greater predictor of the type of service received than any combinations of victim characteristics. For example, when police were the referral source it was more likely that the victim got OP advocacy than anything else.

**Service Receipt Summary**

The presentation on victim service receipt asked, “What could participants conclude about victims’ services receipt via the InfoNet data presented?”. As the following slides (1.10, 1.11) summarize, participants were able to conclude, from the InfoNet data, that racial distribution among victims receiving services is fairly even. The numbers of Black and Hispanic victim clients is pretty similar and Whites are not that much fewer. More than 75% of victim clients have children, half report being abused by a husband or boyfriend, and a quarter reports their abuser is an ex-husband or ex-boyfriend. Around half report income from full or part-time employment. Slightly more than half report physical abuse. Civil legal advocacy with OP is the highest service received. Most victims receive 10 service hours combined from an agency,<sup>24</sup> less than a third of victims receive counseling, and the need for practical assistance is growing. Less than 10% of victims receiving services are in shelters and for those who are, shelter stays are short in duration averaging about 30 days.

<sup>24</sup> A victim may receive service from multiple agencies over time. This data tracks a victim’s service by an agency as InfoNet does not track a person by identifiers so that help seeking across multiple agencies by one victim cannot be determined.

Slide 1.10 & 1.11

## Victim Service Receipt

### What can we conclude about county victims service receipt via InfoNet data?

- Racial distribution fairly even
- More than  $\frac{3}{4}$  have children
- Half are abused by a husband or boyfriend; with a quarter by ex-husbands or ex-boyfriend
- Half report income from employment
- Slightly more than half report physical abuse
- Civil legal advocacy with OP is the highest service
- Less than  $\frac{1}{3}$  get counseling and less than 10% are sheltered.
- Practical assistance is growing
- Short shelter stays (average a month)
- Most victims get 10 service hours combined

## SHELTER UTILIZATION

The framing presentation sought to more closely examine the housing needs, safety issues, and help-seeking behavior of victims in domestic violence shelters by presenting data from a recent analysis of shelter utilization by victims of domestic violence (see Slide 1.12).<sup>25</sup> This Shelter Utilization study was funded by the Illinois Criminal Justice Authority (ICJIA) in 2008 to explore two primary issues: 1) the shelter experience and service use patterns, and 2) help-seeking behavior or the process of change for victims of domestic violence. Data for this project was gathered from various sources including, interviews with 53 women residing in domestic violence shelter programs in Chicago, the City of Chicago's Domestic Violence Help Line call data, interview data from the National Institute of Justice (NIJ) evaluation of the Domestic Violence Help Line, and data from the InfoNet reporting system.

Slide 1.12

## Shelter Utilization

### Shelter Study

- Grant funded
- Evolved from assessment of Help Line and InfoNet data
- To examine the shelter experience and help-seeking behavior (process of change)
- Interviewed 53 women survivors residing in 1 of 4 shelter programs in Chicago

<sup>25</sup> George, C. C., Grossman, S. F., Lundy, M., Rumpf, C., & Crabtree-Nelson, S. (2010). Analysis of shelter utilization by victim of domestic violence-quantitative analysis. Final Technical Report (Grant # 06-DB-BX-0043). Chicago, IL: Illinois Criminal Justice Information Authority. A copy of this report is available from the ICJIA website.

An overview and review of findings related to the shelter utilization study were presented by Christine George, one of the co-authors and Research Professor at Loyola University Center for Urban Research and Learning (CURL). Susan Grossman and Marta Lundy, two of the study's co-authors were also in attendance for the Summit and this presentation. The framing presentation reported the experiences of women residing in domestic violence shelters described across the following areas: shelter demand, pathways into shelter, function of shelter, shelter experience, barriers to shelter and what happens after shelter. Comparisons to a similar sample of non-shelter victims who received similar services were made.

## Shelter Demand

Victims of domestic violence who seek and receive shelter in Chicago were found to be distinct from victims of domestic violence who do not seek or obtain shelter (see Slide 1.13). The research showed that they were more likely to be female, less likely to be White or Hispanic, slightly younger, less likely to be employed, less likely to be currently married, experienced more severe abuse, and were less likely to be in stable housing at the time they request help. There are few differences between those who do and do not request or obtain shelter related to household size, whether or not the victim has children or the age and gender of their children.

## Pathways Into Shelter

The analysis of victims' pathways into shelter revealed that victims who sought information about shelter from the Help Line or who obtain shelter services within the domestic violence system tend to be referred by a social service agency or other domestic violence program. Summit participants suggested that this implies that an intra-agency referral protocol may be in place and that it plays a definite role in connecting victims with needed shelter services. This study noted that victims seeking or receiving shelter services were less likely to be referred to either the Help Line or to services by the police or a legal service provider than victims who were not seeking shelter. Victims seeking or obtaining shelter were less likely to have an OP. Victims seeking shelter indicated that they were hesitant to call in the first place reflecting a concern that there was a stigma associated with being a victim in need of this service. Victims who were seeking shelter services also revealed that the uncertainty about the source of help and the nature of what may be provided made it hard to call. These findings are detailed in slide 1.14.

Slide 1.13

### Shelter Use: Nature of Shelter Experience

## Shelter Demand

- More likely to be female
- Less likely to be currently married
- Less likely to be White or Hispanic
- Experience more severe abuse
- Slightly younger
- Less likely to be in stable housing at the time they request help
- Less likely to be employed

Slide 1.14

### Shelter Use: Nature of Shelter Experience

## Pathways into Shelter

(Quantitative Picture)

- Identify social service agency or other domestic violence program as referral source
- Less likely to be referred by the police or a legal service provider
- Less likely to have order of protection
- Stigma and uncertainty make it hard to call

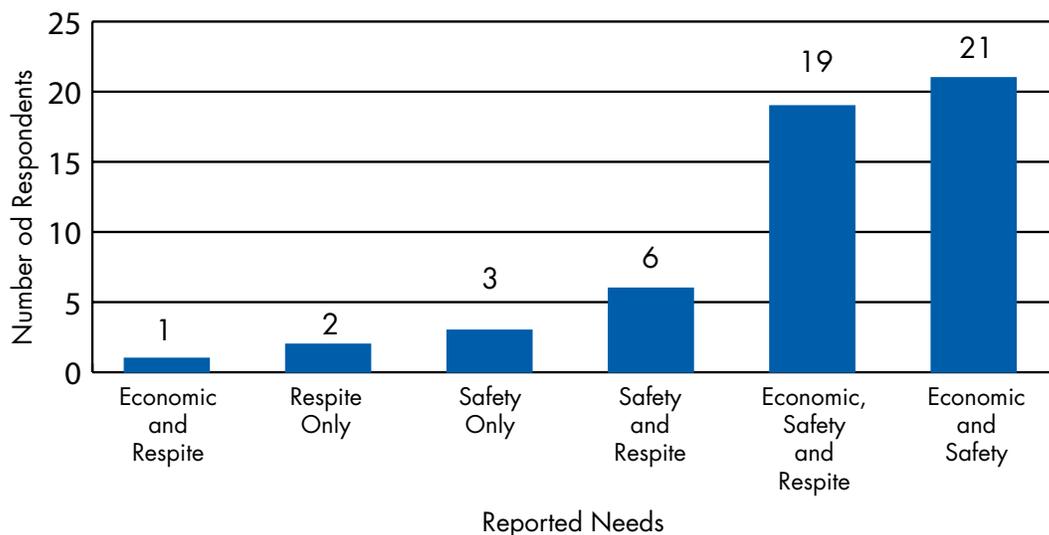
The study revealed that the population of women in shelter had lives which were strikingly complex. This made it difficult to distill distinct definable paths or service needs which led them to shelter services. However, researchers were able to identify several key issues that victims discussed during their interviews which led them down the path to shelter services (see Slide 1.15). For the majority of women, shelter was the end of the road to address their economic and safety needs. They had no other alternatives. While all victims had the need for emotional support, it was clear that issues of safety, economic need, need for respite were intertwined and nested within each other and reflected diverse combinations of these needs for each victim. The study noted that economic instability in itself was a threat to safety. Economics is mentioned in conjunction with nearly every reported need for shelter.

Women were in unsafe situations because of a lack of resources, and in some cases, this instability contributed to being in unsafe positions in the first place. Further, women who needed safety also based that need in part on unstable economic circumstances. In only two cases did women report circumstances and history from which they would easily economically rebound after a shelter stay which provided the necessary safety from their abuser. For all others, shelter was a “first stop” on a long road to stabilization, a need many explicitly identified during the study interviews.

Slide 1.15

## Shelter Use: Nature of Shelter Experience Pathways into Shelter (Qualitative Picture)

Reported Needs When Seeking Shelter



Slide 1.16 shows that women sought shelter at different times in their abuse experience. The “breaking or escape point” for women varied. For some, the cumulative weight of the abuse had reached a critical mass, or they perceived an escalating risk that they sought to escape. Others reported a defining incident of extreme abuse, the presence of a weapon, or risk to their children which necessitated their escape. For all of these women, the burden of a general sense of not being safe, as well as repeated incidents of abuse, contributed to their evolving strategies to overcome abuse.

The study documented that shelter served several distinct functions for victims (see Slide 1.17). For some victims shelter was a way station. While in shelter, women found the space and support to develop strategies and goals for themselves and their families. A sizable number of victims in shelter recognized and articulated this need for “respite” even in the first week of their shelter stay.

Some victims indicated needing shelter as a place apart. In this capacity, shelter served as a confidential place where an abuser cannot access the victim. However, for others there was the additional need to “quarantine” or isolate themselves from the abuser, or sometimes even family and/or friends, who were a part of the pattern of abuse and “bad habits” that comprise their relationship with the abuser. This was often, but not always, related to issues of substance abuse. Interestingly, orders of protection were not seen as a means to secure and separate their lives, at least not at the beginning of their stay in the shelters.

Slide 1.16

## Shelter Use: Nature of Shelter Experience “Breaking Point”

(Qualitative Picture)

- Critical mass
- Escalating risk
- Presence of weapon
- Risk to children
- Not being safe

Slide 1.17

## Shelter Use: Nature of Shelter Experience Function of Shelter

### Way Station

- Respite
- Opportunity to develop strategies and goals

### Place Apart

- Confidential
- Isolation from other abusers
- Pursue non-OOP means for security

## Shelter Experience

While in shelter, victims were more likely to get counseling, advocacy, adult group services, collaborative case management and practical concrete assistance services (e.g., educational and economic support) compared to those who do not obtain shelter services (see Slide 1.18). Victims in shelter were also less likely to get services related to legal remedies, including OPs or criminal court advocacy compared to victims who do not use shelter services. Black victims and those with more severe abuse are more likely to be among those in shelter. Those in shelter get greater hours of service than those victims not in shelter for all types of services regardless of race, ethnicity, number of children, and severity of abuse. Sheltered victims have contact with the domestic violence service system and obtain assistance for longer periods of time.

Slide 1.18

### Shelter Use: Nature of Shelter Experience Shelter Experience

*While in shelter,*

- More likely to get counseling, advocacy, adult group services, case management and practical assistance services (vs legal remedies)
- African Americans and those with more severe abuse are more likely to be among those in shelter
- Those in shelter get greater hours of service than those not in shelter for all services regardless of race and severity of abuse.

The study's findings made it clear that even after receiving shelter services, victims still had ongoing needs (see Slide 1.19). The need for individual counseling and concrete economic and housing assistance remained relatively high after women leave the shelter. Economic and housing assistance as support services are limited generally. Therefore shelters cannot easily access these resources for the victims in shelter or leaving shelter. Summit participants, who work in shelters, agreed that shelter staff are keenly aware of these needs and are hard pressed to locate or offer such assistance in a timely manner. It was also noted that shelters are not funded adequately to directly deliver these services. The emergency domestic violence shelter model, funded by the state, was not designed to meet these needs as a primary aspect of service. Achieving safety from physical abuse was the primary goal of the original domestic violence shelter model.

Slide 1.19

### Shelter Use: Nature of Shelter Experience

#### Shelter Experience

*After shelter stay,*

- Have ongoing individual counseling and economic support needs
- Shelters are unable to provide practical services

## Barriers to Shelter

Most people who sought information and linkage to shelter from the Help Line, and followed-up on the referral, did obtain it, but some people did not. The data suggested that most people did not obtain shelter after being referred and attempting to get it because the service was not appropriate or available. Because the sample was so small, it was hard to look at whether this trend varied by race/ethnicity or by whether or not the caller had children. Black callers were more likely to follow-up on the referral to shelter than callers of other races and ethnicities. This corresponds to previously reported findings that Black individuals were more prevalent among those in shelter compared to those who never received it.

## After Shelter

The study examined what happens to women after they leave shelter (see Slide 1.20). The results are based on the analysis of data from those victims who were interviewed twice; the initial interview while in shelter and then 6 months after they left shelter. Six months after leaving the shelter, victims were doing generally better in terms of employment, housing stability, and income. Although some of the women had experienced repeated abuse, many had not; overall ratings on an Abusive Behavior Inventory had substantially decreased between the time of the first and second interviews. Women had slightly fewer service needs during the follow-up interview and many of their needs were being met. However, income data suggested that many of the women were still quite poor and some still needed help with things such as housing, medical and dental care, food, and clothing. It was difficult to determine if victims who were not a part of the follow-up interviews had experienced repeat violence and disruptions. Therefore, it would be misleading to conclude all the women interviewed were “doing better.” It could only be concluded that among those victims who were located and took part in the follow-up interview that violence was apparently less prevalent in their lives. It was also noted that although these victims were in fairly safe conditions, few had stable sources of income or employment and many were in housing situations that they did not see as permanent. These women seemed to be living at the edge, in precarious living situations, and any setback in one area of their lives could impact all the others.

Slide 1.20

### Shelter Use: Nature of Shelter Experience After Shelter

- Substantial decrease in overall ratings of abuse
- Slightly fewer service needs
- Used family, friends, and former shelter residents and staff as source of support

However,

- Still quite poor
- Still need practical supports
- “Living at the edge”
- Few had stable sources of income or employment
- Many were not in permanent housing situations

## Shelter Utilization Summary

This review of victims’ shelter experiences and help-seeking behavior revealed that victims seeking shelter are distinct from victims who do not seek shelter. They had complex economic and safety issues that made seeking shelter services necessary. While it was revealed that the “breaking point” or critical incident for women varied, all women were able to describe a general sense of not feeling safe. Shelter is a place where women were able to get the needed confidential and supportive services to aid with developing safety and economic strategies and goals. The review revealed that after shelter, many women reported improvements, such as a decrease in ratings of abuse and service needs, however many still needed ongoing support, like economic and housing assistance. Leaving one’s abuser is a process. This is often not a straight pathway but one that includes starts, stops, retreats, and advances over time. This research reflects that in fact there are stages to that change and that services can be directed to victims which account for those stages and where a victim finds herself in that process. Historically services were provided to educate victims that what they were experiencing was in fact domestic violence and to inform them that they had other options. Victims were assisted in safety planning because the risk related to disclosure or separation was great and then providers offered their support and advocacy to gain the protections and services a victim might require.

These strategies are useful and seem to have a positive impact on the lives of the women who come into shelter. However it should be stressed that today's shelter population often lack the social infrastructure of supports beyond those provided at the shelter. The shelters, at the same time, lack the resources to provide those additional socioeconomic and community supports which are essential to the successful outcome of these shelter residents' full process of change. If they must return to their abuser or a family or community that is violent and seriously under-resourced key factors which brought her to the edge before coming into shelter remain in her life even when the domestic abuse does not.

## *Abusers and the Current Service System*

Continuing to examine victim's needs and the current response system, the framing presentation included a review of the current response to the abuser, or the individual who committed acts of domestic violence and abuse.<sup>26</sup> Summit participants acknowledge that most victims initially seek assistance with the primary goal of ending the violence not necessarily to end the relationship. Any examination of how the system responds to the needs of victims therefore requires a review of the response to those who commit domestic violence. Ebony Dill of Office on Domestic Violence (ODV) focused first on the characteristics and service needs of abusers who accessed the City of Chicago's Domestic Violence Help Line for referral information. This was followed by a summary of the participant population characteristics and violence experience from an evaluation of court ordered treatment programs for batterer's in Cook County (see Slide 1.21).

Slide 1.21

### Abusers and the Current Service System Services for Batterers

- Help Line requests for referrals
- Batterer Intervention Program: Participant Population

The City of Chicago's Domestic Violence Help Line was originally conceived as a resource for victims of domestic violence, including those who were calling on behalf of a victim. However the Help Line does receive calls from abusers. Although the number of abuser calls is small compared to calls received from victims, the abuser call data is increasing and provides a window into the characteristics of those abusers who were motivated to call the Help Line. The framing presentation explored who these abuser callers were, who referred them, and what services they requested.

The framing presentation summarized some key findings from an evaluation of court ordered treatment of batterers.<sup>27</sup> The summary highlighted the characteristics and experiences of batterers under supervision for domestic violence by the Social Service Department (SSD) of the Circuit Court of Cook County. Abuser services are generally only received as a result of a conviction, as a condition of probation, or conditional discharge. Abusers are mandated into court or community-based Batterer Intervention Programs (BIP). Although the community-based, not-for-profits who provide this service offer them to non-mandated clients, the vast majority of programs' capacity to serve is committed to mandated abusers. The findings from the study of BIPs within the framing presentation on Adult Victim Experience was offered for the Town Hall discussion as a reflection of the important role abuser service interventions play in victims' help seeking efforts.<sup>28</sup> The highlights included a review of the demographics of those who are receiving abuser service when mandated by court and other general facts regarding their characteristics.

<sup>26</sup> The terms abusers and batterers are both used in this report to describe those who commit acts of domestic violence. The referent term used by each presenter or researcher is the term used in each respective section of the report.

<sup>27</sup> Bennett, L.W., Stoops, C., Call, C., Flett, H. (2007). Effects of program completion on re-arrest in a batterer intervention system. Research on Social Work Practice, 17, 42-54. The research was funded by the County of Cook and by the Illinois Criminal Justice Information Authority.

<sup>28</sup> Additional discussion on the role the courts play in batterer services and compliance can be found under Session Three Legal Help System Design.

## HELP LINE ABUSER CALLERS

### Help Line Abuser Characteristics

In 2008, 152 callers to the Help Line seeking referral information identified themselves as an abuser. As illustrated in Figures 1.28 and 1.29, abusers who called the Help Line were predominantly male (83%), with just under a fifth of the abuser callers identifying themselves as female (17%). Over half were Black (56%), followed by Hispanics and Whites. Nearly all abusers who called the Help Line spoke or were able to communicate in English (90.8%). The median age for abuser callers was 32 years of age (range=16–64). This was the same as the median age for all victim callers.

Figure 1.28

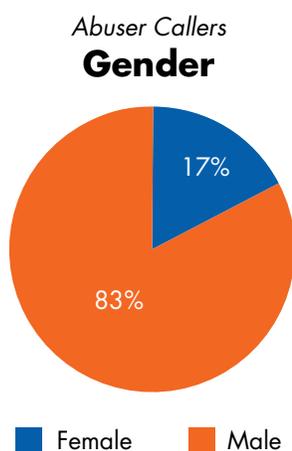
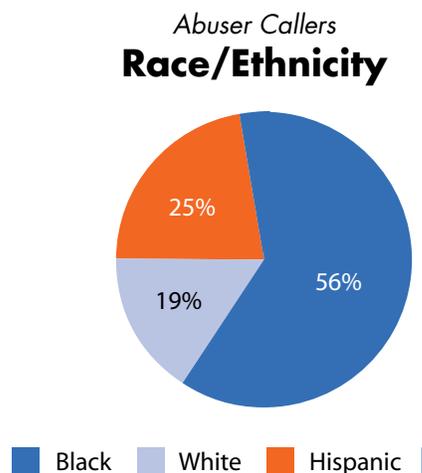


Figure 1.29



### Help Line Abuser Referral Source and Service Requests

Abusers who called the Help Line reported the police were their referral source more than half the time. Although police (53.6%) were the highest referral source for abusers, police as a referral was not as high as for all victim callers (63%). This difference may be reflected in the higher percentage of abuser callers who reported referrals by DV and social service providers. Summit participants noted abusers often initially call a domestic violence or social service agency when seeking court or Department of Child and Family Support (DCFS) mandated services. These agencies do not always provide the appropriate type of mandated abuser services. In turn, these agencies refer abusers to the Help Line for further referral support, thus resulting in the domestic violence or social service provider being identified as the referral source (see Figure 1.30). Although no current public awareness efforts target abusers, abuser callers reported learning about the Help Line through advertisements (6.5%).

Most abusers calling for referrals (60.9%) were looking for abuser services and very few of the other services. Summit participants noted that although abusers are frequently excluded from their homes under an Order of Protection (OP), the requests for shelter and/or housing service were not high. Nearly 10% of abusers were asking for legal representation (5.3%) or other forms of advocacy (4.5%). Few abuser callers were seeking more than one service (7.6%). Other service requests are detailed in Figure 1.31.

Figure 1.30

*Abuse Callers*  
**Referral Source**

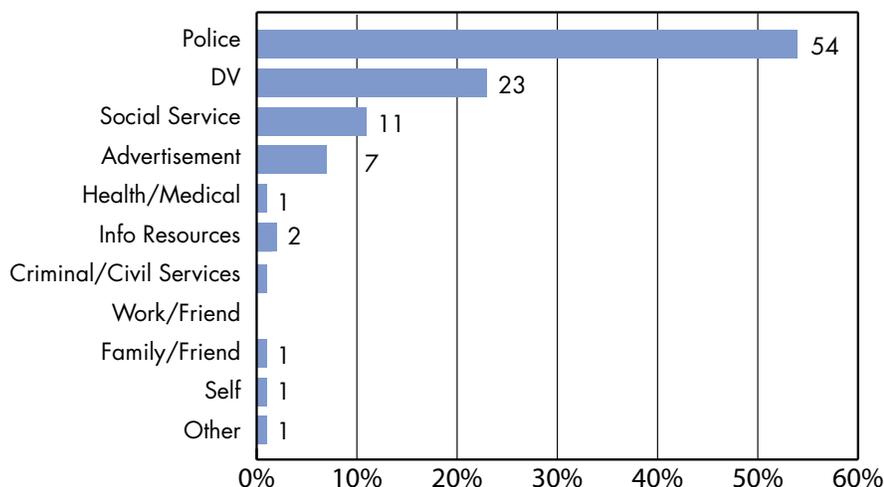
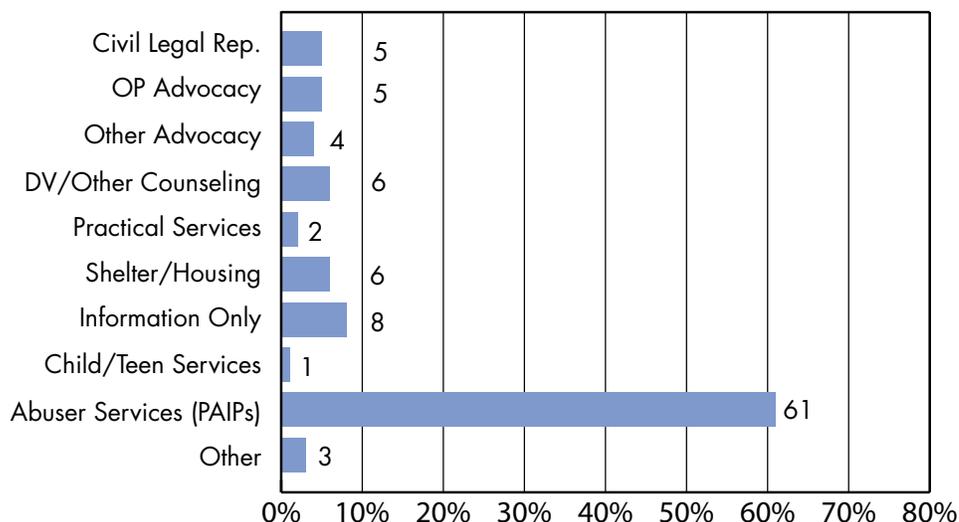


Figure 1.31

*Abuse Callers*  
**Service Requests**



## BATTERER INTERVENTION PROGRAM (BIP)

The presentation turned to explore the characteristics and experiences of men receiving mandatory Batterers Intervention Program (BIP) services.<sup>29</sup> The data summarized was part of an evaluation of the effects of program completion on re-arrests. The study sample was 899 men, age 18 or older, who were referred to the court’s probation department for monitoring after pleading or being found guilty of a domestic violence related offense. These men were required to attend an in-house BIP at the Court Social Service Department or 1 of 29 other community-based batterer programs in Cook County.

<sup>29</sup> An estimated 10% of batterers in Cook County are convicted of a domestic violence felony and are referred to a different unit in probation. Batterers who fall into this category of felony cases are not included in the current examination.

## BIP Batterer Characteristics

Batterers who participated in the Batterer Intervention Program (BIP) were, on average, 35 years of age (range=18–66) This did not vary much from the median age (32 years old) of abuser callers to the Help Line. The racial/ethnicity distribution of BIP participants was fairly equal. However the ethnic/racial composition of BIP participants did vary from abuser callers to the Help Line. Fewer batterers in the BIP were Black (33.2%) when compared to abusers who called the Help Line (56.5%) and more were White (32.3% vs. 18.8%). Hispanic/Latino abuser callers (24.6%) and batterer programs participants (29.2%) were fairly similar. A review of the marital status showed that many had never been married (46%), followed by those who were married/cohabitating (35%), or divorced (18%). Many reported having full-time employment (57%) and having graduated from high school (73%). Batterer’s characteristic information is illustrated in Figures 1.32 – 1.34.

Figure 1.32

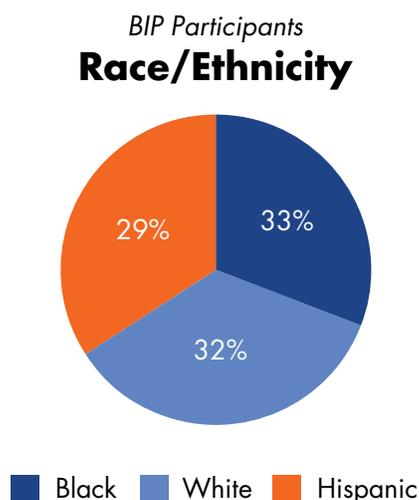


Figure 1.33

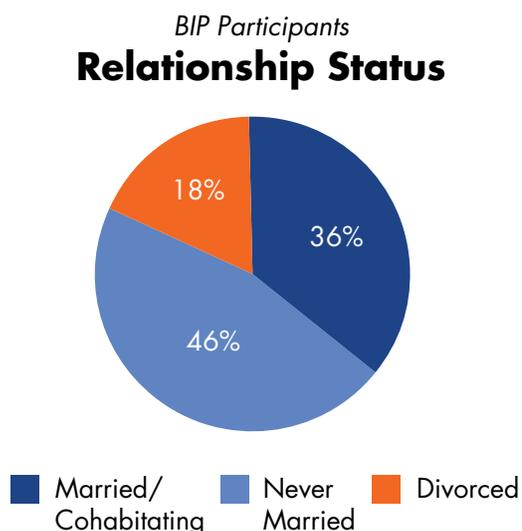
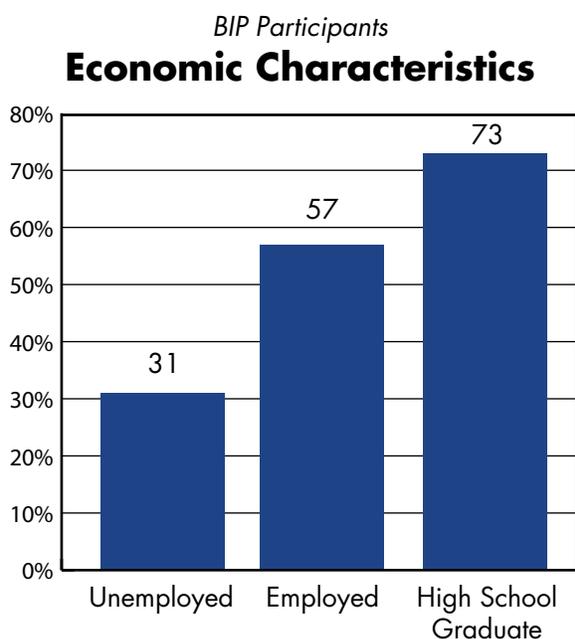


Figure 1.34



## BIP BATTERER VIOLENCE EXPERIENCE

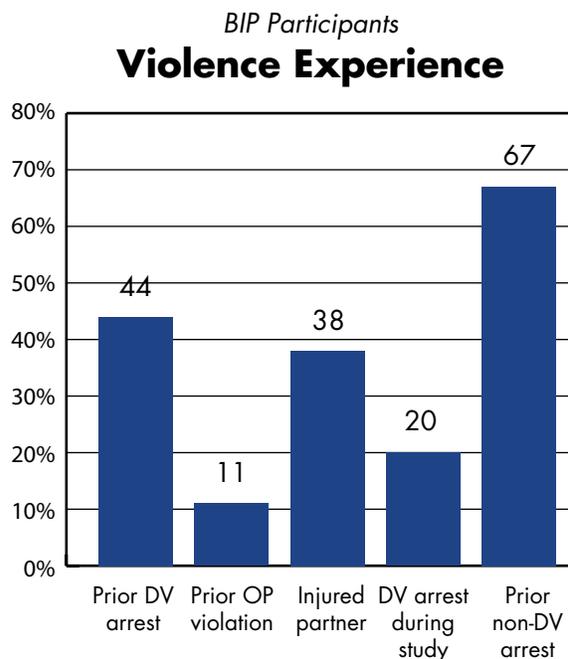
The study noted that current BIP program participants had past violence experiences (see Figure 1.35) like arrests for prior acts of domestic violence (44%) and prior violations of an OP (11%). The fact that more than half of these batterers had prior DV arrests and prior OP violations possibly indicates repeated abuse and escalated behavior. The incident that resulted in the current sentence into BIP services was not likely a singular event and was more than likely one of a number of occurrences over a period of time. Re-arrests for domestic violence (20%) during the time of the study indicates participants continued to re-offend. Many participants had prior non-domestic violence arrests (67%). On average, they had 3 prior non-domestic violence arrests with 65 arrests reported on the high end. Summit participants questioned whether a review of a batterer’s prior background should not render those with this kind of background inappropriate for this intervention service.

**Historical information was also collected in the study and provided further insight into batterers' violence and substance use background.**

- 58% reported evidence of a childhood conduct disorder
- 32% grew up in a violent family (observed parent DV or was victim of parent abuse)
- 31% reported an alcohol problem (as measured by the CAGE alcohol screen)
- 16% had used an illegal drug in past 12 months

The study went on to note that in 2000, the Cook County Circuit Court Social Service Department disposed 1,905 new men for intervention related to domestic violence. Again, it should be noted that this study reflects only those batterers who have been convicted of misdemeanors and ordered into services. The study authors speculated that these BIP programs are reaching around 2% of those who abuse. Summit participants were reminded that those who were not convicted may have different personal characteristics and/or violence histories. Additionally those who are convicted of DV felony charges may also have different characteristics and histories that may make them inappropriate for these services.

Figure 1.35



**ABUSERS AND THE CURRENT SYSTEM SUMMARY**

This review of abusers and the current service system focused on two services available to abusers in Cook County, including Chicago. One service that provides information to and for abusers who are seeking services and a second service designed to support change in abuser behaviors that could lead to re-arrests. Abusers who contact the Help Line seeking services were primarily Black males from Chicago who were referred by the police and looking for abuser services. Men who participated in the batterer intervention programs had varied racial characteristics and were educated or employed, yet many reported violent histories that included non-DV arrests that preceded the DV arrest for which they were mandated into the BIP program. In addition, program participants reported past conduct disorder and substance abuse problems.

Abusers services have the intent to help abusers stop their abuse which, in turn, supports safety for victims and their families. It was reported that police, domestic violence/social service agencies and advertisements have been effective referral pathways for abusers to the Help Line. The police and the court system have been instrumental in getting abusers into batterer intervention programs. However, very few abusers in Cook County or Chicago access either the Help Line or BIP services resulting in limitations in this data. While useful the data limitation has implications for how we examine factors, such as abuser characteristics, referral source, economic viability, and past violent histories and its impact on access to effective abuser service interventions. Town hall participants raised a number of questions for further consideration including:

- Do batterer intervention programs suffer from the same access, demand, capacity and availability concerns as victim services?
- How do services to abusers impact the effort to enhance services to victims of domestic violence and their children?

- How can access to batterer intervention programs be more accessible to those who are seeking service and not just those who are mandated into the service?
- Are there services that could be more appropriate for batterers with chronic violence experiences?

## *Current Service System Capacity*

The framing presentation concluded with a review of what the current service system capacity looks like and how that corresponds to victim help seeking and service needs. Summit participants were provided with information from the *Assessment of the Current Response to Domestic Violence in Chicago*,<sup>30</sup> including the location and staffing capacity of community based services. Help Line Zip Code Report sector summaries, 9-1-1 calls to Office of Emergency Management and Communications (OEMC) and criminal incident reports by police district were presented as a method of comparing geographic volume and “type of service” needs. Summit participants were urged to reflect on the service needs, provider capacity and locations while reviewing geographic differences.

### Current Service System Capacity Findings

- Assessment of Current Response catalogued all services across a broad spectrum.
- Location, capacity and scope of community based domestic violence services
- OEMC and Chicago Police Department
- District volume of DV related 911 calls
- District volume of Domestic Incidents

Leslie Landis of ODV enumerated some of the Assessment’s findings on the scope and capacity of service only.<sup>31</sup> Summit participants were reminded that the Assessment was completed in 2007 before funding cuts further reduced the limited service capacity.<sup>32</sup> The framing presentation’s review of the service capacity included mapped locations of key community based services. The OEMC (9-1-1 center) and Chicago Police Department (CPD) data on domestic violence call volume and criminal incident reports were mapped and illustrated by police district.<sup>33</sup>

<sup>30</sup> Landis, L. (2007) *Assessment of the Current Response to Domestic Violence in Chicago*. Chicago, IL: City of Chicago, Mayor’s Office on Domestic Violence. The full document can be found on the City of Chicago Department of Family & Support Services web site.

<sup>31</sup> The full Assessment went to great length to describe these services, the capacity level, funding sources, any specializations, challenges and enhancements. The Assessment also includes 157 Points for Engagement many relevant to the Summit Series.

<sup>32</sup> Despite the fact that funding cuts were not as deep as originally anticipated for 2009, there were reductions in service. Some services that were reduced were restored. However in other service areas it is clear that current funding reductions (private and public) are having an impact on availability of service.

<sup>33</sup> Analysis and mapping support was provided by Greg Kedzior of the Research and Development Division of CPD.

The capacity level for services by **type of service**<sup>34</sup> was presented to reflect the actual number of staff and the number of agencies that housed the total count of staff summarized as follows:

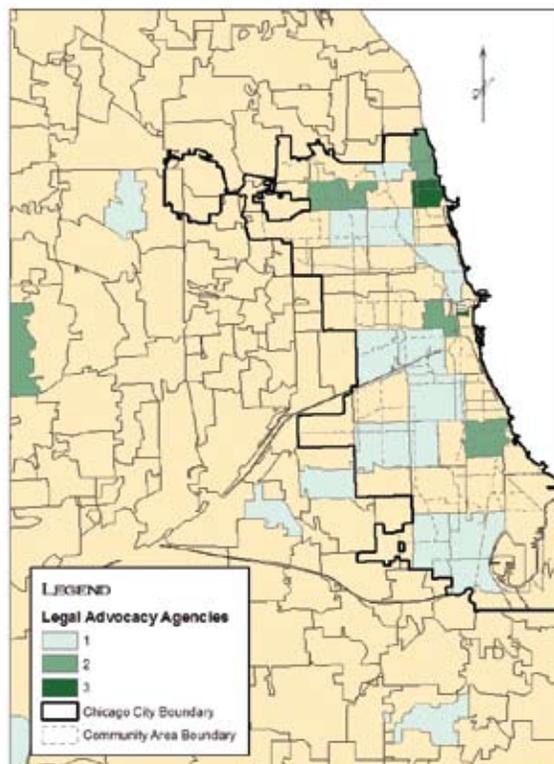
## Assessment of Current Service Capacity Levels

- 57 Full time legal advocates & 13 part time  
– 37 agencies
- 8 free legal representation providers
- 5 DV shelters (166 beds/21 cribs)
- 131 full time counselors & 26 part time  
– 40 agencies
- 9 community based abuser service providers

The following series of maps reflect the geographic spread of each of the types of service. The legend on each map illustrates a color code or shading indicating the number of agencies offering that specific type of service in a given area.<sup>35</sup> While there may be multiple agencies in an area it is important to realize that within an agency there may be only one or two staff people delivering that type of service.

### Legal Advocacy:

There are 57 full time legal advocates and 13 part time legal advocates spread within 37 agencies in the city. A review of the legal advocacy map reveals that there are many areas of the city that do not have legal advocacy service identified with most having only one agency employing one or two legal advocates. There are a few areas with more than one agency and only one area with three agencies. Summit participants were reminded of the level of requests for legal advocacy services which was illustrated by both the Help Line and Info Net data. In considering the service need Chicago is clearly under capacity in this area of service.

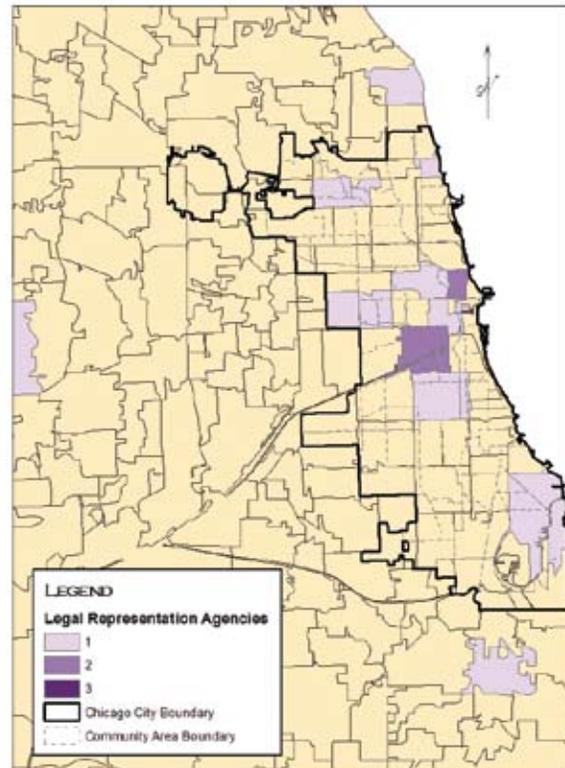


<sup>34</sup> Type of Service is defined in Appendix E.

<sup>35</sup> Rather than pinpoint the specific street address of a site the map shades an entire area if an agency(s) exists somewhere in that neighborhood area. This method was employed to safeguard confidential locations. Some of the shaded areas reflect significant geography when considering the population and “turf” issues reflected within any one shaded area.

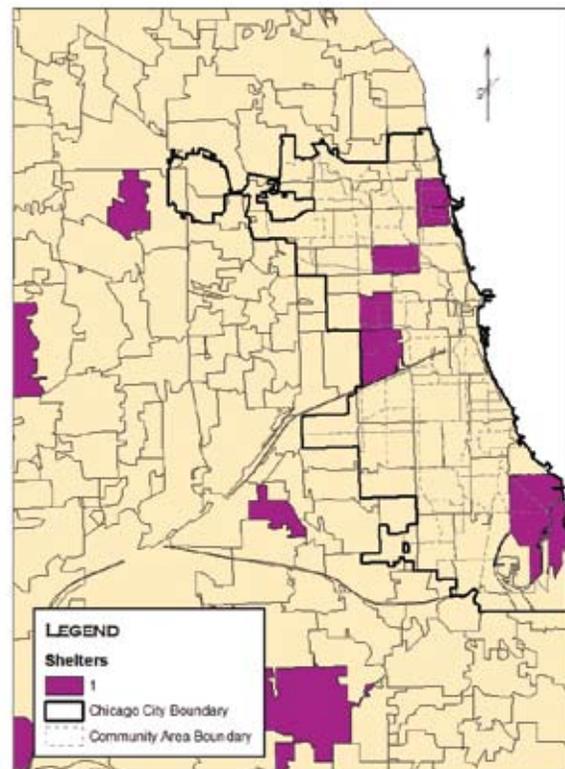
## Legal Services:

In Chicago there are 8 free legal service providers (legal representation by an attorney). When viewing the legal services map, Summit participants were encouraged to recognize that many of these sites were neighborhood offices of those legal service agencies that provide income eligible services. While these poverty eligible legal service providers do provide legal representation in domestic violence cases, the number of lawyers or hours of service dedicated to this area of litigation is far less than the map would seem to indicate.<sup>36</sup> Again, it was noted that there is a significant need for these services clearly not met by existing capacity and limits of client eligibility.



## Shelters:

There are five domestic violence shelters in the City.<sup>37</sup> There are 166 shelter beds for domestic violence victims with an additional 21 cribs in Chicago. There are 176 beds and 30 cribs in the suburbs often used by city residents due to lack of beds in the five shelters in Chicago or because the victim requires that distance for safety reasons. Again capacity in this area is limited. Summit participants were reminded to consider the findings of the Shelter Utilization Study in deliberations on the issue of further shelter development. Summit participants discussed the possibility of other models for shelter service including hotel vouchers, safe homes or short term permanent housing options. The participants debated the need for permanent housing versus emergency shelter and where the development and advocacy priority should be placed. Participants also discussed possible enhancements or alterations to the existing domestic violence residential shelter model to better reflect current shelter victim population needs.

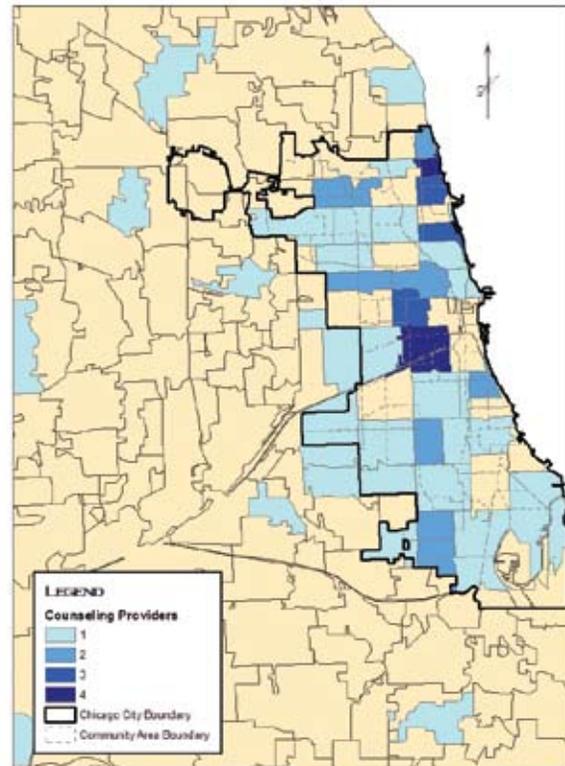


<sup>36</sup> The priority areas for legal representation for the general (non-specialized) legal service agencies are set by the management and funding restrictions of the agency. Competing legal needs of poor people within Chicago are weighed in the application of legal resources within these agencies.

<sup>37</sup> Apna Ghar; CAWC (Greenhouse); Family Rescue; House of Good Shepherd; Neapolitan Lighthouse. When this map was created it included SWWT's shelter which is operated now by Christian Community Health Center (CCHC) but not exclusively for DV victims. The bed count reflects only the five current programs although CCHC does house victims of DV in the general women's shelter they operate.

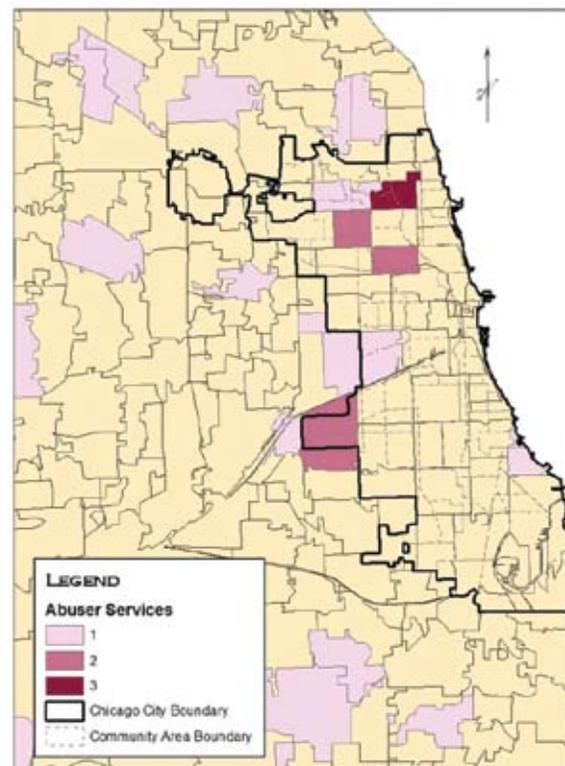
## Counseling:

In Chicago there are 131 full time domestic violence counselors and 26 part time counselors located within 40 agencies. Most areas of the city have at least one agency with at least one person providing counseling services for domestic violence victims. While there has been notable effort placed on creating trauma informed counseling services in these community based agencies, few would regard their services as therapy. Rather this counseling is support and option based despite the fact that some agencies employ clinically trained staff. The lack of domestic violence informed mental health providers for those victims who require mental health services was noted by Summit participants. Cultural considerations in the delivery and marketing of counseling services were also discussed by participants. Many indicated that the data on victims calling the Help Line and/or receiving services reflected in Info Net, missed significant populations of victims who are not drawn to the services as described or marketed.



## Abuser Services:

In Chicago there are 9 community based abuser service providers. A review of this map clearly illustrates that abusers must travel sometimes substantial distance to get community based service interventions as described in the Summit presentation on the study of abuser services. Summit participants noted that these limited resources are generally consumed in providing mandated service to those who are court ordered after a conviction on a domestic violence related misdemeanor charge. Room for the development of services for voluntary use by those who have committed domestic violence was identified by Summit participants as a possible priority. Participants noted that the ongoing emphasis on victims' services permitted many abusers to move on to another victim without any accountability or opportunity for reform. The discussion included a review of how Chicago could encourage abusers to seek assistance voluntarily and whether, if those services were built, they would be used by abusers in light of the research which reveals that denial of responsibility for one's own behavior is a classic characteristic of those who abuse.



## Child Exposure to Domestic Violence Service:

The general response capacity to children exposed to domestic violence is as follows:

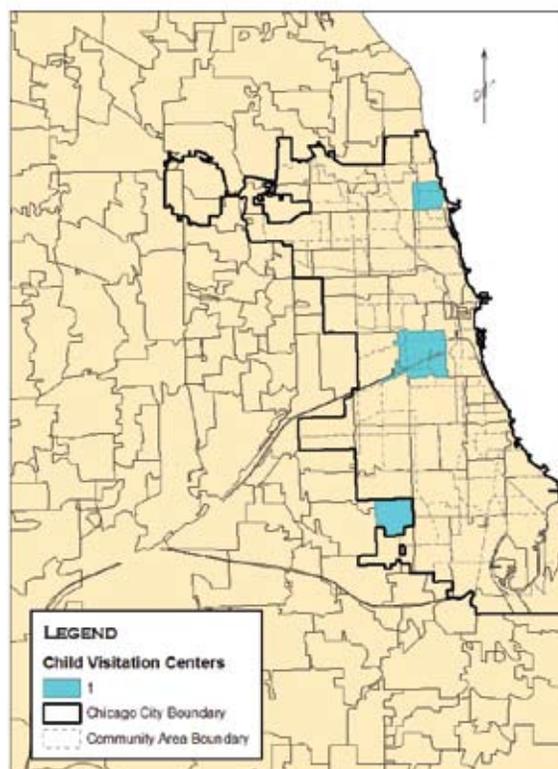
### Assessment of Current Service Capacity Levels

- 18 full time children's service staff & 9 part time  
–19 agencies
- DCFS protocols
- Chicago Public School Policy
- 18 DV school based educators  
–23 agencies
- 3 supervised child visitation centers

Nineteen agencies in Chicago employ 18 full time and 9 part time children's service staff. The counseling and shelter maps reflect the sites of specified children's counseling programs including Safe Start sites.<sup>38</sup> DCFS has protocols for response to cases involving DV. Also the Chicago Public Schools have a policy regarding children who are exposed to domestic violence and also a policy on teen relationship violence.<sup>39</sup> There are 18 domestic violence educators in schools employed by domestic violence agencies. These educators are focused on prevention but encounter victim disclosures requiring a degree of intervention and referral as appropriate. As a subsequent Summit session was dedicated to the topic of child exposure to domestic violence, participants were asked to consider the gaps in response to these children as a part of the adult victims' service requests and needs during the Town Hall deliberation.

### Supervised Child Visitation and Safe Exchange Centers:

There are three supervised child visitation and exchange centers for the entire city<sup>40</sup>. This is an emerging service model supported by the City of Chicago and supplemented by limited private funds raised by each agency. The non-custodial parent visits their child at the center as a result of a court order requiring supervision of the visits or exchanges based on domestic violence. Centers are located in three areas of the City and are woefully under capacity to the presenting needs. Families utilizing this service are generally not involved with domestic violence victim counseling and advocacy services or abuser services. These children have usually not had benefit of children's counseling services. Summit participants noted that failure to adequately address the needs of victims relative to safe child visitation and exchange has an impact on many other areas of the response system. Also noted was the fact that while counseling or the use of an advocate is a voluntary decision for victims, the need for safe visitation resources is thrust on victims due to the fact that as a parent, the person who committed domestic violence is not automatically precluded or restricted in visiting or gaining custody of the children.<sup>41</sup>



<sup>38</sup> The City was awarded a federal Safe Start demonstration grant which provided funding to Metropolitan Family Services and Family Focus to serve young children and their families impacted by violence. Today, Safe Start has expanded to include a broader network of service providers.

<sup>39</sup> DCFS and CPS policy was reviewed in the Fourth Session of the Summit. Policies are included in the Appendix section of this report.

<sup>40</sup> The City was awarded a federal Safe Haven demonstration grant which provided funding for Apna Ghar, Mujeres Latinas in Accion and Branch Family Institute to operate the three centers. The demonstration experience for Chicago included a review of how these services respond to the needs of diverse populations. The demonstration experience is documented in the Building Safety Repairing Harm: Lessons and Discoveries from the Office on Violence Against Women, prepared and published by Praxis international in 2008.

<sup>41</sup> These issues are further discussed in the Legal Help System Design Summit Session Three.

## Enhanced Partnerships and Pilots:

The Assessment also noted that there were some existing partnerships reflecting collaborations in key areas.<sup>42</sup> Those collaborative areas include the following:

### Enhanced Partnerships and Pilots

- Substance abuse and DV
- Mental health and DV
- Prostitution/sex trafficking and DV
- Homelessness and DV
- Child therapy and DV

Co-location and/or cross training in the areas of substance abuse and domestic violence; mental health and domestic violence; and children's therapy or mental health services and domestic violence, have helped to advance Chicago's knowledge of the service intersections and barriers of access for victims. Key collaborations and research illustrating the direct connections between domestic violence, sexual assault/abuse, and prostitution and sex trafficking has contributed to a broader understanding of the lived experiences and impact of these related forms of violence against women.<sup>43</sup>

Domestic violence advocates working for the City's Department of Family and Support Service (DFSS) in the homeless service network have helped advance the understanding of the intersections of homelessness and domestic violence. While some victims enter into the homeless service system when fleeing active domestic violence, still others find themselves there based on the impact and trauma of having experienced abuse and violence often over a period of time which has combined with other experiences leading to homelessness. Post separation, or post violence services which address these complex intersections and exposures was noted by Summit participants as a key gap in response capacity.

## Caring Community Response:

The *Assessment* also tracked additional institutional and community based efforts that are important resources in the overall response to domestic violence in Chicago. Those include the following:

### Caring Community Response

- Health Care Provider
- Faith Community
- Business Community
- 25 neighborhood-based DV subcommittees

Health care providers are safe, identified and accessible community based resources. The results of a survey of area hospitals conducted for the *Assessment* by the Metropolitan Chicago Healthcare Council indicated that 78% of emergency rooms reported they routinely screen for domestic violence, 65% screen in other hospital practice settings, 90% indicated having written policy or protocol on domestic violence cases and 50% were

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<sup>42</sup> These collaborations are discussed in greater detail in the full Assessment document.

<sup>43</sup> Details are reflected in the full DV Assessment and also the MODV's Intersystem Assessment on Prostitution in Chicago. Both are available on the City of Chicago DFSS web site under Domestic Violence.

aware of the City's Help Line. Yet it was noted by Summit participants that the number of victims calling the Help Line reporting referral by a medical provider was low or under reported by victims.

The faith community is beginning to develop internal programs and/or partnerships with specific domestic violence agencies.<sup>44</sup> Summit participants noted that many victims seek support from faith based resources which have not always responded in helpful ways. Extensive training, coalition building and referral networks have emerged with notable progress in an enhanced response from the faith community. Summit participants noted that these resources may reach those populations not reaching the Help Line or domestic violence service providers. The role that the faith community serves in providing informal sanction of abusers, including encouragement for reform and ongoing support, was also discussed by participants.

Within the business community, many victims are benefited by employer based awareness and new laws like the Illinois Victims' Economic Security and Safety Act (VESSA)<sup>45</sup> which allows for leave from work for victims of domestic violence. Recognition that domestic violence has an impact on productivity and work place safety requires ongoing education with the public and with employers.

Friends and family are learning about domestic violence and resources often through activities generated by 25 neighborhood based subcommittees under CAPS. Organized by police district these subcommittees allow for neighborhood driven strategic planning. While subcommittee membership includes police and often service providers it is notable that these committees also include community members who do not work in the issue but maintain an interest in the impact domestic violence has on their community. Summit participants noted that these subcommittees are an underutilized and unrecognized resource which if not properly nurtured and respected could disappear.

## Economic and Housing Issues:

### Economic and Housing Issues

- 4 MOWD funded job related programs\*
- 6 DV agencies will provide Support Service for Economic Stability in 2010
- VESSA
- Public Benefits and Housing Reforms
- Safe Homes Act

At the time of the *Assessment* the City was funding 4 Mayor's Office on Workforce Development (MOWD) job related programs for domestic violence victims. With the merger of city departments within DFSS in 2009 this MOWD funding was re-designated. For 2010, the city is funding 6 domestic violence agencies to provide "Support Service for Economic Stability."<sup>46</sup> In addition all job training programs funded by the City will be required to screen for domestic violence and provide linkage to domestic violence programs.

.....  
<sup>44</sup> Details of those efforts are reflected in the full *Assessment*.

<sup>45</sup> VESSA permits eligible employees to take unpaid leave from employment to address domestic violence, dating violence, sexual assault, or stalking. VESSA provides for taking up to a total of 12 work weeks of unpaid leave from work during any 12- month period to seek medical attention, victim services, counseling, safety planning, legal assistance, court proceedings, relocation, etc.

<sup>46</sup> The city is providing funding for community-based programs that assist victims of intimate partner violence with skill development towards financial/ economic security through the delivery of direct counseling and referrals that prepares victims for job training and job placement or educational advancement. The goal is to strengthen the victim's ability to achieve economic stability.

As previously noted victims have often faced the possible loss of employment due to missed work or performance issues stemming from the domestic violence. VESSA addresses this need by allowing for leave from work for victims who require time away to deal with issues stemming from the DV. The Assessment also noted that there have been reforms in public benefits and public housing which seek to ease the barriers and challenges faced by victims in accessing or maintaining income and housing.

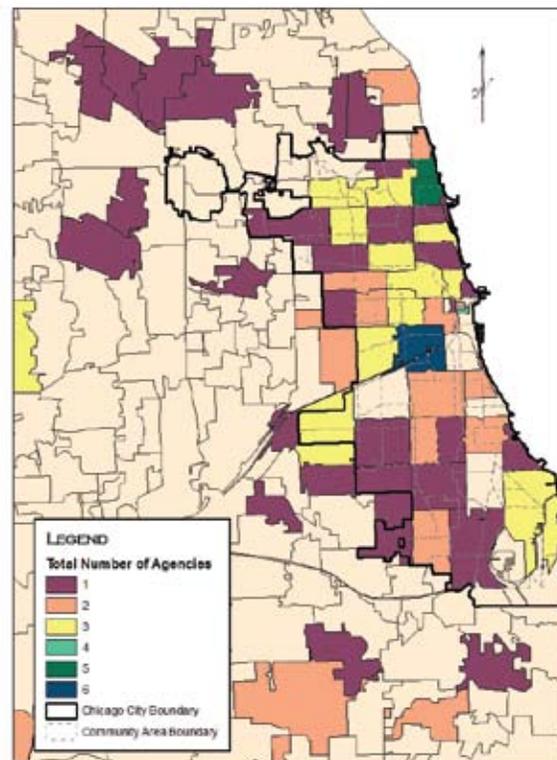
The Safe Homes Act<sup>47</sup> has sought to address the issues encountered by victims who face landlords who seek to evict them due to the domestic violence or refuse to accommodate victims in their pursuit of safety within their homes. The Act also allows a victim to end a lease early if there is a credible imminent threat of harm on the premise if the victim gives the landlord three days written notice.

Summit participants noted that these economic and practical issues are key priorities when seeking to enhance the response to victims. Public benefits, employment, and housing were all notable needs identified by victims calling the Help Line and/or receiving other services.

## Geographic Need and Capacity:

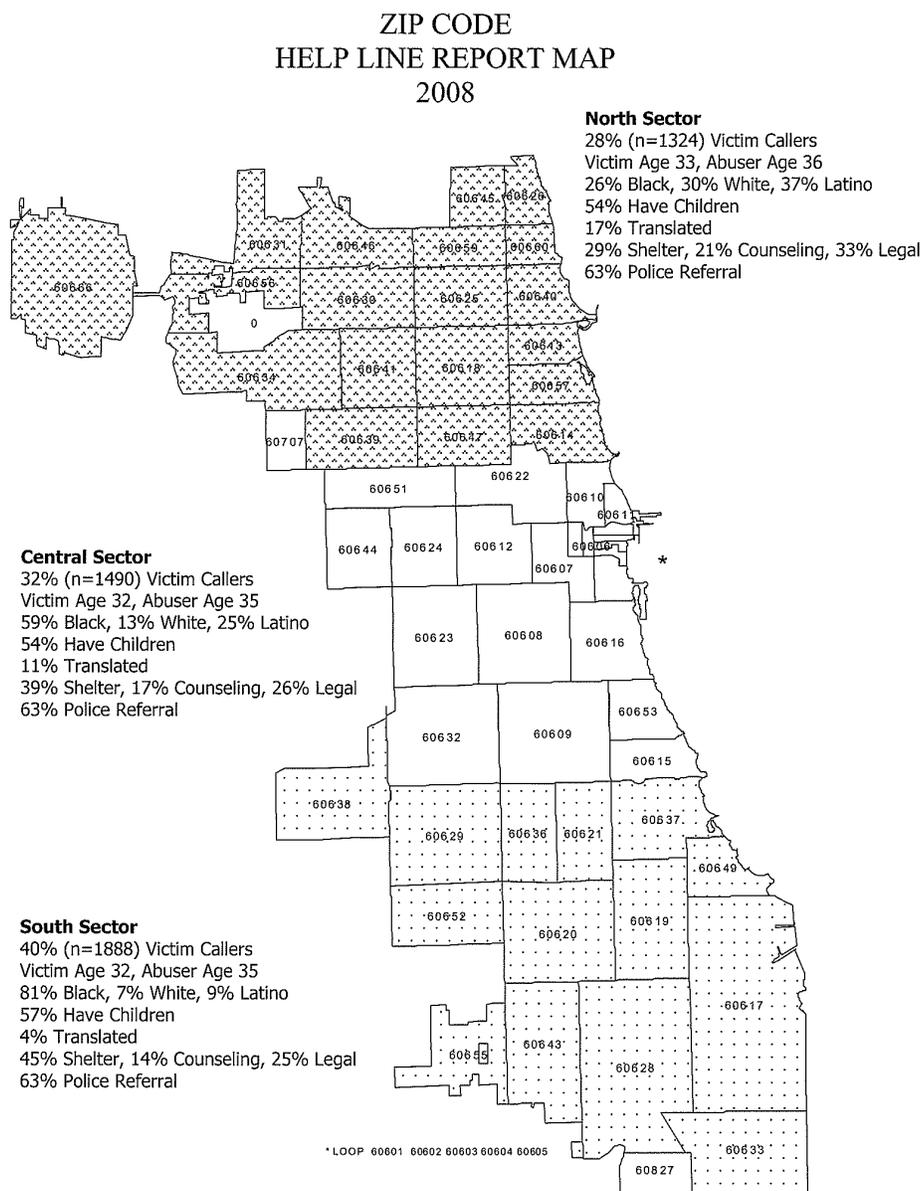
Taken as a whole those dedicated sites for service which make up the Help Line referral data base reflect the following geographic distribution without regard for specific type of service offered:

Most areas of the city have one agency offering likely one service. Only one area has 5 agencies and one has 6. Far more have two or three. While we have created greater geographic access, again it must be noted that each agency count may in fact reflect only one or two domestic violence staff at a site. Nevertheless Chicago's response has come a long way since the early 1980's when there were few if any identified services.



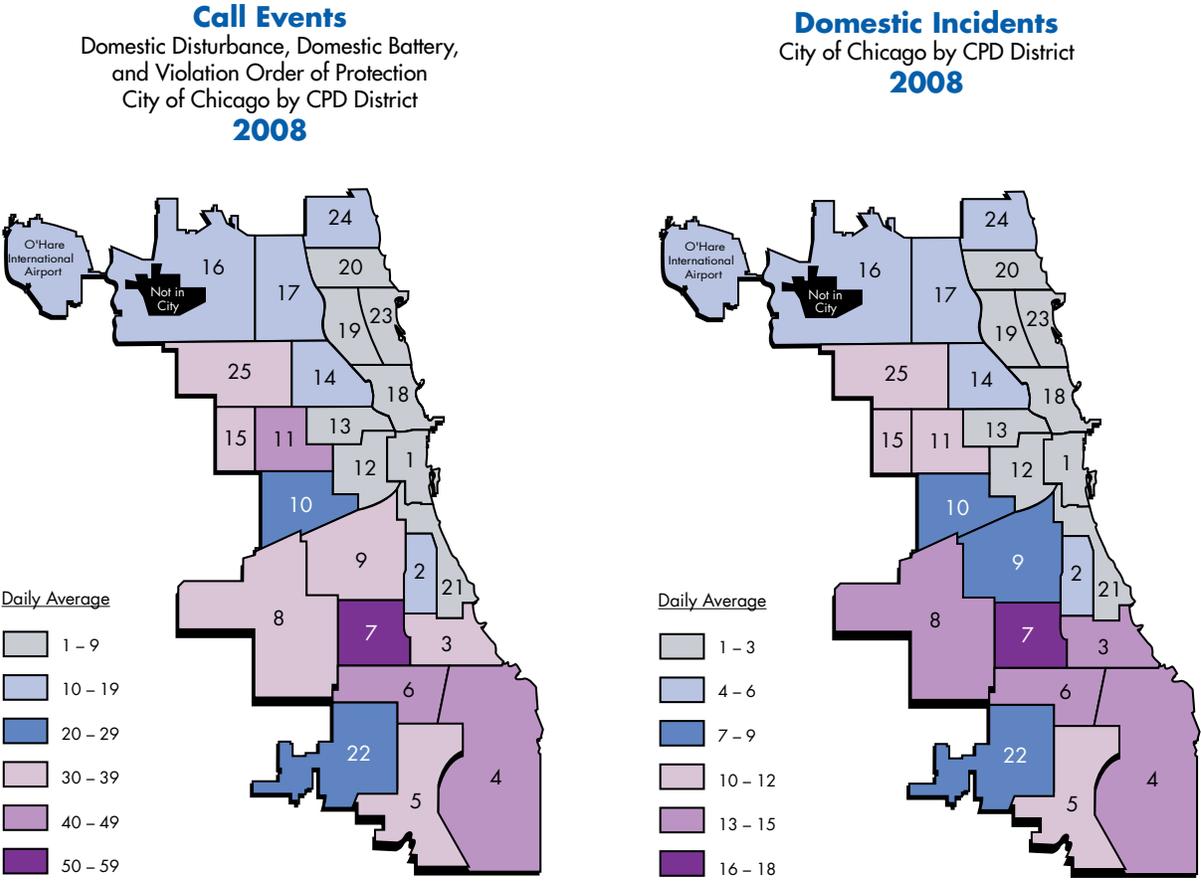
<sup>47</sup> The cite for the Safe Homes Act is 765 ILCS 750.

Geographic service need versus geographic service location was examined in part through the presentation of a map reflecting zip code origins of Help Line calls in 2008 as follows:



The zip code Help Line report divides the City into three large sectors: North, Central and South. The map sector boxes illustrate that calls are coming to the Help Line from all regions of the city. The boxes also note the victim characteristics and service needs by sector. A review of the needs of Help Line victim callers by sector and the service locations illustrated on the service location maps highlights the fact that the areas with greatest volume of need have fewer services located in the geographic sector. In conducting the review summit participants were reminded of two important points; some people need or want to get service outside their home sector; no area of the city is adequately resourced to address that sector's level of need. Also not all victims in a sector call the Help Line. The requests for service by sector reflected on the Zip Code map also illustrates the geographic distribution of need by specific "type of service" requests being made by Help Line victim callers. When researchers, as part of the NIJ Help Line study, analyzed services by location they found that shelter (74%) and legal (74%) service were more often out of the callers neighborhood compared to 55% of counseling service

Geographic need is also reflected in the number of calls to 9-1-1 as well as the number of domestic violence incident reports filed by police in each police district. The following maps reflect those daily average ranges as follows:



Summit participants were reminded that police remain a major pathway to service for many victims calling the Help Line and also those who actually receive service.

The map which reflects Call Events shows the daily average of calls to 9-1-1 for domestic disturbance, domestic battery, and violations of order of protection (VOOPs). The shades of color illustrate the call volume ranges with the purple color districts having the highest call volume. The total call event volume for 2008 was 204,054 or a daily average of 558 calls. The daily range varied by police district. For example, police districts 1 and 19 averaged four calls daily while district 7 averaged 55 daily calls.

The Domestic Incidents map reveals the daily average of domestic incidents in which a responding officer concluded there was probable cause to believe a crime had been committed and completed a police report.<sup>48</sup> Again the purple color districts have the highest recorded criminal incidents. The total criminal domestic incidents for 2008 was 65,158 or an average of 178 daily. Incident counts more accurately reflect where the crime was committed than arrest data because arrests may take place following the police response at a different location in a different district.

found in the callers neighborhood.

In reviewing these maps Summit participants were reminded that many victims do not call police and some call events do not result in the completion of a police report based on an officer's conclusion that no crime was committed. Reports are often made when the abuser has left scene but the officer concludes that a crime may have occurred.

In comparing the two maps, call events to incident volume, there is a higher volume of calls in districts 11 and 9 but fewer domestic incident police reports. In Districts 8 and 3 the opposite is true with more police report incidents resulting from a lower volume of calls. Arrests generally only occur when the abuser remains on scene or is picked up on a warrant issued after charges have been filed. In 2008, arrests declined for domestic batteries by 6.1%, by 50% for Aggravated Domestic Batteries, and by 11.7% for VOOPs compared to 2007. The total of 9,556 domestic battery arrests in 2008 accounted for 4.9% of all arrests. Citywide arrests overall were down by 11.8% in 2008 compared to 2007.<sup>49</sup>

A review of domestic violence and child abuse murders conducted by the CPD<sup>50</sup> examined the geographic location of these cases and found the murders occurred in districts which had fairly high domestic call volume. What is important to note about domestic violence homicide is that there have been homicides in many districts over the last several years not all of these murders were isolated to high volume domestic crime areas. The majority of these homicides were caused by stabbings, followed by victims being bludgeoned to death. This stark fact serves to highlight the brutality of these victims' deaths.

A key finding of the review revealed that in 75% of domestic violence murder cases there was no prior crime report written by CPD. In other words, on average, in only one of every four cases prior to a murder was abuse reported and a police report made involving a victim and offender. Homicide investigation records reveal that the investigators learned from others that there had been a history of domestic violence prior to the homicide. While others may have known, it appears that frequently no criminal incidents of domestic violence were reported or documented by CPD.

The positive news is that domestic violence murders have come down considerably over time since 1991 when there were 101 such murders. In 2008 there were 37 domestic violence murders (11 fewer than in 2007).

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<sup>48</sup> For a review of police response protocol see Legal Help System Design Summit Session Three.

<sup>49</sup> This data came from "Domestic Violence Quarterly Statistical Report—Year to Date December 2009 published by Research and Development Division of CPD. Available on the CPD website.

<sup>50</sup> Kedzior, G. (2008). Child Abuse Murders and DV Murders--Was There a History and Was It Reported? Chicago, IL: Chicago Police Department, Research and Development Division. The full report appears on the CPD website.

## CURRENT SERVICE SYSTEM SUMMARY

In concluding the service capacity review the presentation asked, “Are victims’ needs being met?”. The service capacity analysis indicated need for the following:

### Assessment of Current Service System

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#### Are victims needs being met?

Service Capacity analysis indicates need for:

- Service in victim’s community
- Shelter for big families and male children
- Free or affordable legal services
- Non-shelter housing options
- Economic supports
- Specialized services

The lack of geographic access to services within a victim’s community remains a barrier. When victims have to go outside their community for services there can be an impact on employment, on children and loss of informal supports of faith communities, family and friends. Victims still can not access safety based on lack of economic support or adequate employment, safe and permanent housing and post separation/post crisis trauma informed service for themselves and their children. There is also a lack of voluntary abuser services for those who seek that service after perpetrating domestic violence. In order to reach populations identified as missing in the victim data, specialized outreach and a different mix of services that might reflect considerations of race, culture, religion, sexual orientation, age, and socioeconomic levels may be required. Emergency shelter for big families and non-shelter housing options are clearly needed. Free or affordable legal service was also an identified area for expansion.

## TOWN HALL REVIEW

Before breaking into Town Hall facilitated group discussion, Summit participants were presented with the following Town Hall Deliberation Questions:

### Town Hall Deliberation Questions

- What have we learned about victims and their needs? What do we know?
- How does our current service system meet or not meet those needs?
- What more do we need to know?
- Who is missing from services?

In order to facilitate Summit participant’s use of the framing presentation information, Leslie Landis of ODV reviewed over arching points for consideration derived from a combined analysis of the various data sources presented in Session One as follows:

### Considerations for Town Hall Deliberations

- Victims seeking and receiving services share similar characteristics
- Nearly 75% of those who call for help report physical and emotional abuse
- Police are a major referral source
- Referral source is a greater predictor of what type of service will be delivered

It was noted that the characteristics and service requests of those victims using the Help Line as a pathway into service do not vary greatly from the characteristics of those who receive public non profit victim services. These victims are not very young or old. They have children. They seek to be linked to services while still involved with a spouse or a boyfriend. Some are pursued by ex-relationships. Those victims who use domestic violence shelter have characteristics that indicate that they have fewer resources and that safety, economics and respite needs are intertwined signifying they have no other alternatives.

Victims seeking service report experiencing physical and emotional abuse. Generally it is presumed that prior to seeking help the victim has endured a period of abuse including physical abuse which indicates that the victims are not just experiencing arguments or conflict in their relationship. The abuse being described involves force or coercion being exerted against these victims. Among those who commit abuse and get court ordered abuser services there has been a documented history of prior acts of abuse.

Police are a major and key referral pathway to services for victims. The level of reported referrals from other key sources is low despite training, protocol and collaborative partnerships. The type of service received is influenced by who referred and what was available (limited by funding) making it hard to tell if what is offered is meeting the priority need of a victim or not.

## Considerations for Town Hall Deliberations

- OP advocacy is the highest delivered service by InfoNet providers
- Even when OPs are in place victims still call for assistance
- Service needs influenced by what we have to offer and fund; needs are complex
- Community supports are vital as pathway and protective sources

Many people referred by police got OP advocacy as the type of service received, making OP advocacy the highest delivered service by Info Net providers. Civil OP advocacy is overtaking criminal charges and criminal OP advocacy in Chicago. Summit participants were asked to consider if there are less criminal incidents than in the past as those who actually receive service report less physical abuse than those seeking service indicate experiencing. With the reported rates of domestic battery or criminal VOOP reflected in the police incident data and among those calling the Help Line the shift from criminal to civil OP advocacy by DV service providers is notable.<sup>52</sup> Even with OPs in place, victims are calling for referral assistance. It is unclear if callers are looking for better enforcement or post separation service to deal with the impact of the violence.

Service needs data is influenced by what we have to offer. Measuring the absence of needed services or the priority of known needs is difficult. Therefore Summit participants were urged to add to this presentation analysis by moving beyond a data informed discussion to reflect shared experience and knowledge.

Victims have complex needs, often requiring more than one service over time. Victims reported that when their priority service is not available they take what is available and “work the program” as best they can to get their priority needs met. Programs may need to be reformed or enhanced to match current victims’ needs around practical supports or specialized needs like mental health or substance abuse services. Also the need for longer term post violence services to address the trauma impact was identified.

DV providers report that they know what other services the victims they serve need and they strive to meet those needs but those services are not visible in the data as providers remain compliant and report the service focus areas for which they are funded. These known needs and additional services should be made more visible. Support for honest program evaluation and the reforms that may follow were urged.

<sup>51</sup> Summit participants noted that those with varying characteristics and needs may be getting services elsewhere including private for profit providers.

<sup>52</sup> See Legal Help System Design Summit Session Three.

Again Summit participants were reminded that funding levels have never been adequate to meet the needs and current funding supports the current service models. This fact clearly has an impact on all deliberations related to what victims need that we do not offer. All forward thinking on unmet service needs is premised on the current service systems capacity remaining in place. However it was suggested that possible reforms within those provider models could better address current needs if given an opportunity for retooled service funding requirements. For example, the experience of offering supervised child visitation and exchange services as a new service has illustrated a need not previously reflected in service need data. This need arose through the insight of victim experiences. Recognition of this need is validated by the fact that this much needed service is reaching victims, children and abusers not served by any domestic violence provider, abuser's services or child exposure service entity. Many of these victims also had no contact with police prior to getting supervised visitation services. This is an example of "build it and they will come".

Family and friends are a major resource for getting victims to service. Some people have greater personal supports and that may also translate to greater protective factors for their children who are exposed to domestic violence. Not everyone requires complex services. Therefore, pathways and assistance for those who do not require therapy need to exist for such things as family support services or community based support from non-domestic violence mission driven resources.

Summit participants were urged to consider that under the current economic climate Chicago is facing a period of decreasing revenue and funding. This reality requires an examination of how we restore/reconfigure services to ensure that the needs of today are being met and how services or practices might vary from those which have developed over time.

Town Hall discussions were lively and key remarks were incorporated in the Session One framing presentation narrative. Analysis of the feedback forms and notes led to the content of the Session Two framing presentation: Adult Help System Design: Doors to Assistance.

## ADULT HELP SYSTEM DESIGN: DOORS TO ASSISTANCE

### *Summit orientation*

The second session (October 29, 2009) began with Leslie Landis, ODV Director/Project Manager presenting a quick review of the general approach to the Summit Series and Session One Town Hall discussion points.

Summit participants were reminded that the continued approach included focused review of the response to DV from the perspective of the victim while considering the current service capacity. Session One's Town Hall discussion on areas in need of enhancement, adjustments and reforms clearly identified the fact that the response system is soiled and that there was a need for shared expertise, experience and integration. In the Session One discussion on building a commitment to address DV across disciplines, it was noted that all Summit participants needed to equally embrace responsibility for the current state of the response to domestic violence while acknowledging that this response has been guided by varying principles, mandates and funding criteria. Participants acknowledged that domestic violence is an embedded issue in the areas of mental health, substance abuse, economic development, child development and youth services. As DV is an embedded issue, Summit participants called for diversifying funding for domestic violence responses beyond the limitations of earmarked domestic violence funding streams.

Participant feedback from the first session revealed that participants appreciated the networking that was occurring at the Summit and the fact that people were openly communicating and learning something. There was acknowledgment that building true collaboration is more than a paper networking agreement or use of a referral directory; that true collaboration meant being accountable to one another. Summit participants were urged to place overt attention on intersections for better coordination and integration of response efforts during the Summit Session Two discussion on what an adult help system design should include.

The Session Two framing presentation included further summary of Session One's Town Hall discussions followed by a framework of "Doors to Assistance" for use in Session Two small focus group discussions.

### *Session One Town Hall Summary:*

Summit participants were reminded that Session One had focused on victim help seeking, attempts, connections and receipt of victim services. During the Town Hall, participants had been asked to indicate what is known about victims' needs and how the current system meets or does not meet those needs with an eye toward whether what was developed historically still works. Town Hall participants indicated wanting to know more about the barriers to service or the considerations made by victims when seeking help. During the first session, Summit participants had been asked who was missing from among those reported as seeking and/or obtaining assistance. Town Hall discussions revealed that in addition to who was missing, participants identified what services were missing to address identified needs. Participants noted that services and responses to victims were so segregated that accessing the range of assistance needed by a victim was very difficult. Participants noted that even responses to sexual assault were siloed from domestic violence responses.

Other notable Session One framing presentation points related to “pathways to service” and “receipt of services” were affirmed during Town Hall discussion reflecting general agreement. These points were summarized at Session Two as follows:

- Victims’ experiences and needs are diverse, complex and change over time.
- Victims have children exposed to ongoing domestic violence.
- The majority of those seeking Help Line linkage to assistance have experienced physical abuse and reported their abuser as a spouse or current boyfriend.
- Senior and teen victims are underrepresented in DV service systems.
- Many victims are employed.
- Domestic violence shelter victims have less economic stability than victims who do not use shelter services.
- Those who commit domestic violence (abusers) enter “service” through court mandate.
- Most resources have been directed at victims while abusers are not acknowledging their behavior and their own resulting needs.

During the Session One Town Halls, Summit participants acknowledged that childhood exposures to trauma appeared in the backgrounds of some of those who commit domestic violence and that accountability for and reform of behavior among those who abuse may require different interventions and sometimes practical support. This was infused with a recognition and acknowledgment that those who commit domestic violence are not voluntarily seeking to account for and reform their behavior in significant numbers currently. Some abusers never account for or acknowledge that what they have done was wrong and was intentionally targeted. However, no campaign or outreach has been directed at that goal.

- Calls/incidents are significant city wide.
- Knowledge of service needs are influenced by what we offer, fund and those we are reaching.
- Service capacity is not sufficient to address needs geographically or by service type.
- Referral source is a greater predictor of what type of service a victim receives from DV victim service agencies than victim characteristics or violence experience.

Town Hall participants noted that all review of “service needs” is influenced by what the systems have to offer and fund yet victim’s experiences and needs are complex and change over time. There are stages of change for victims and services need to meet her at her stage.

- Domestic violence mission driven service model components are consistent and have changed little over 30 years.
- Order of Protection (OP) and criminal justice system focus has resulted in positive protocol developments that work for some victims.
- There has been a shift in legal advocacy services from criminal court to civil court.

Town Hall participants acknowledged that original DV service models were responsive and remain so for many victims. Many noted that the historical review at Session One reminded them that these models were transformational when created. Participants were reminded also that when these models were developed there was relentless victim blaming which led to the view among many domestic violence advocacy groups that these service models had to hold firm and “do all” in order to ensure no further harm to the victim and her children occurred. The focus on the criminal justice system which led to legal advocacy as a DV service has resulted in cross system reforms, increased resources and forced collaborations. The TAC program was mentioned as a

successful collaboration by a number of participants.<sup>1</sup> Participants also noted that the Violence Against Women Act (VAWA) requires illustration of partnership with domestic violence providers in all applications for funding. Town Hall participants who were not domestic violence providers indicated that they learned for the first time that to be funded by the state as a comprehensive domestic violence program requires provision of specific services<sup>2</sup> which leads to uniformity. Town Hall participants talked about all funding being focused on individual client service delivery with next to no funding for case consultation, internal program evaluation, or advocacy directed at system reforms (original DV movement work). The fact that the provision of legal advocacy services has shifted overtime from criminal court to civil court was also noted.

- Many more victims are not visible in our data.
- There are missed opportunities for support and assistance.
- DV victims are found in non-DV help systems.
- DV brings lifelong impact to families and costs to community.

Participants noted that many victims are not visible in data or service numbers and that there are missed opportunities for support and assistance. There was also an acknowledgement that DV victims are found in non-DV help systems. These victims pass through many doors to assistance. Some of those pathways should be gateways to, while others are destinations for, domestic violence informed service receipt. Participants noted that immigrant and Asian victims as well as disabled and LGBT victims were not significantly identified in the victim groups represented in the data presentations in Session One. Participants speculated that these missing victim groups may have differing needs from those who call the Help Line or who access services captured by InfoNet data.

The costs of ignoring or not addressing fully the impact domestic violence has on families and the community has been noted in research including the ACES<sup>3</sup> study mentioned by several Town Hall participants. To minimize impact to the community the use of non-domestic violence funding directed toward making other systems domestic violence informed is required. The result of this effort will be an expansion of support available to more victims as they walk through many diverse doors. However participants noted that not every pathway or door to assistance is a good one. The volume of responses to this point on participant feedback forms led to the creation of a Session Two framework which attempted to capture that discussion to help move the Summit analysis forward in addressing what the Adult Help System design should be.



<sup>1</sup> Target Abuser Call (TAC) focuses on high risk misdemeanor DV cases by creating a protocolled multi-agency response to the problems faced by these victims. This TAC group of professionals includes trained prosecutors, investigators, Hull House advocates, a Life Span lawyer who works on victims' civil legal issues, and a coordinator from the Court Social Service program.

<sup>2</sup> Comprehensive programs must include shelter, 24 hr crisis line, information and referral, counseling and advocacy, IDVA advocacy and transportation. Shelter is provided on site or off site. Specialized programs must include 24 hr hotline, counseling, advocacy, IDVA advocacy.

<sup>3</sup> Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson D.F., Spitz A.M., Edwards V., Koss M.P., & et. al. JS. (1998). The relationship of adult health status to childhood abuse and household dysfunction. American Journal of Preventive Medicine, 14, 245-258.a

## *Pathways and Doors to Assistance*

Leslie Landis introduced the framing presentation for the Adult Help System Design session by reminding Summit participants that less than a life time ago domestic violence was behind closed doors and that today vital doors to assistance exist. Participants were reminded not to take those services and doorways for granted as it took transformational leadership and hard work to gain the current level of service response. Summit participants were asked to move 5 to 10 years into the future when considering the task of advancing the response to domestic violence. In the future assistance should not be based on which door a victim passes through. Participants were charged with considering embedding domestic violence knowledge in many systems, resulting in an informed response no matter what door a victim may pass through. Participants were reminded to approach this review from the victim's perspective not the systems' perspective.

**Several overarching points were presented to introduce the framework for the session:**

### **Pathways and Doors to Assistance**

- Adult victims and those who commit DV encounter pathways for assistance every day in multiple and diverse ways
- No one response is right for all
- There are stages of change and a response may have an immediate or subsequent impact
- DV is nested in people's life experiences

Pathways to assistance are both formal and informal and not all led to a service which is organized to respond to domestic violence as a singular mission. In addition the current response system misses victims because the response offered may not be right for a victim or group of victims or may not meet a victim's priority of need. Victims are encountered during their personal process of change and a response may be viewed as not helpful at one point in time however subsequently may be viewed as helpful. Domestic violence may be one of many issues a person faces. Experiences of oppression, life time exposure to trauma and other experiences are nested in people's lives along with domestic violence.

The Town Hall summary and participant feedback forms led to a Pathways and Doors to Assistance analysis which captures the feedback received regarding the service systems and the barriers for victims in gaining assistance through each system. Victims' face many doorways to assistance, often one leading to another. This requires a victim to pass through many doors making integration and collaboration a key part of developing an improved response for victims.

**The framework for discussion was further defined and guided by the following points:**

## Pathways and Doors to Assistance

- Not a critique of the path or what happens once a person passes thru that doorway
- Rather reflect how victims make their way to a given door; decisions necessary to get there or barriers to getting help
- Identify missed opportunities and areas for greater outreach, education, collaboration, service enhancements

The framework was not intended to be a critic of the path or the response received. Summit participants were asked to move beyond criticism to an examination of what fuels that critical analysis asking why the problem/issue exists, asking if it is a resource question, a conflict in mandate or legal authority or focus, or an issue of lack of expertise or knowledge. Participants were urged to look at the cause of the problem not the problem. For example, some Session One Town Hall participants criticized the InfoNet data system without statements which could result in reform or action steps necessary to gain an improved system of data gathering, analysis and the resources to do that work.

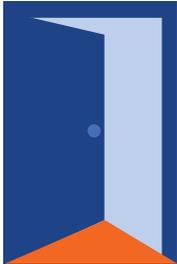
In reflecting how victims make decisions about approaching a system it was acknowledged that often victims have misperceptions or have no information upon which to rely in seeking help. Misperceptions which remain obstacles for victims might be corrected through public or targeted education and outreach.

When seeking to address barriers to victims' access to a full range of services, it was noted that examples of true collaborations have been few. Many have called for a coordinated community response and some think because they are talking to one another there is coordination. Some pilots have brought two partners together for funding and they talk to one another but victims are not experiencing a seamless help system. While enhancements and collaboration are necessary, some elements of response may need to be segregated and confidential but Summit participants agreed that integration is more than networking.

The Doors to Assistance presentation outlined answers to questions about the doors to assistance and also the pathways to that door as follows:

Doors to Assistance represented by:

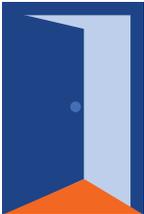
Pathways to Assistance represented by:



Doorway



Pathway



**DOORS TO ASSISTANCE**

- What do we know about a door?
- What do we not know about that door?
- What drives the response from behind that door?



**PATHWAYS TO ASSISTANCE**

- What brought that victim to that door?
- What do we not know about that door?
- What drives the response from behind that door?

The content presented about each door and pathway was derived from ODV staff experience and knowledge informed by the Session One Town Hall discussion about victims’ pathways and experiences accessing service.

Participants were informed that following the Doors presentation they would be moving into the facilitated small focus groups to discuss these questions<sup>4</sup>:

1. What have we learned about the Doors? Does this analysis ring true to focus group participants experiences and knowledge? What additional or different insights about a doorway need to be taken into account? What is missing? Are there key things we do not know and need to find out about?
2. What could the adult help system look like if there were funding which permitted a variety of models rather than restricted use? Participants were asked to think about collaborations/partnerships, integration, embedded service, expansions, specializations, maintenance/sustainability of efforts, enhancements (new/modified), policy reform, outreach and education methods which dispel myths & misperceptions. Participants

<sup>4</sup> The Doors to Assistance presentation was copied and distributed for use in the facilitated small focus group discussions.

were urged to educate themselves about each doorway and the possible intersections and impediments from the victim perspective in order to fully adapt the systems not just tinker around the edges of each. Remembering that “just referring” was not enough, participants were asked to think about what it would take to really link, consult, collaborate knowing that such an outcome requires considerable study and effort. The group was to be guided by victim safety and self determination tenets as well as accountability by those who use violence. Participants were asked to consider issues like confidentiality, conflicts in mission or approach as well as statutory mandates/limitations and to be guided by consumer lenses rather than system lenses.

3. What will it take? Participants were asked to keep central what we know about current needs rather than support of the current service system. They were pushed to avoid unintended consequences by asking “what are the possible negative outcomes to the old and/or new service system?”.

In these times of reduced funding and resources, justification for growth or change will be required and essential. This time represents an opportunity to plan and study transformation so resources can be maximized and expanded over time. Of course it was acknowledged that all data has its limits as does everyone’s professional experiences so participants were asked to try to take into account that perhaps each can actually learn from one another and be transformational leaders in change.

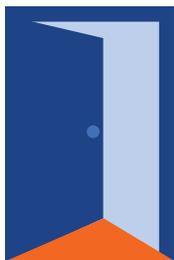
### The Doors to Assistance analysis included the following doors:

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Police</li> <li>• Medical</li> <li>• Mental Health</li> <li>• Substance Abuse</li> <li>• Social Services</li> <li>• Domestic Violence<br/><i>shelter, non residential counseling, advocacy and domestic violence specific legal services as well as child visitation and abuser services</i></li> <li>• Homeless/Housing<br/><i>shelters, landlords, public housing</i></li> </ul> | <ul style="list-style-type: none"> <li>• Workplace<br/><i>employers, HR, job training/ placement</i></li> <li>• Child/Adolescent<br/><i>daycare, schools, CBOs, social recreational</i></li> <li>• Faith Entities</li> <li>• Concerned Others<br/><i>family, friends, neighbors, co-workers ethnic, social, civic, community entities</i></li> <li>• Advertisement<br/><i>Public Awareness</i></li> </ul> |
|---|---|

What is known about each door was summarized followed by what is known about victim’s consideration or barriers to use of that door.

## POLICE

### *What do we know about this doorway?*



- Emergency/24 hour service response to scene
- Response interrupts violence & restores order
- Investigates possible crime
- Driven by general orders and training focused on domestic violence as crime
- Calls from every zip code/district— from all community areas
- Protocol by law to offer service referral to victims
- Primary referral source to Help Line for victim to learn about all options
- Community cost— \$\$

Adding to the listed points participants were reminded that police respond to an average of 559 calls a day. In 2008 there were 65,158 criminal domestic incidents reported or an average of 179 a day. There are police response protocols including use of the Help Line to link victims to services. As a result the primary referral source for victims calling the Help Line is police. There are costs to the community in providing law enforcement responses. The costs related to law enforcement represent a significant portion of the City's budget. Also the human cost is reflected in the fact that there were 37 domestic violence murders in 2008. However we also learned that those who were victims of domestic violence homicide often did not have documented contact with the police prior to the homicide. Homicide investigations note prior known domestic violence uncovered in the course of the investigation, meaning the investigators learned from others that there had been a history. It seems that police interventions may reduce the risk of homicide.

### *Victim's considerations & barriers*



- Crisis response available everytime
- Others call
- "Make violence stop" goal
- Possible arrest of abuser or victim
- Possible coerced removal from home
- Possible forced termination of relationship; co-parenting support; loss of economic support
- Some victims will not call police based on communities' experience with CJS and/or shame, embarrassment, fear of public disclosure within community
- Some victims fear police heighten risk or retaliation

In examining the factors a victim might consider in deciding whether to take the pathway to police, it was clear that victims generally know that a call to the police or 9-1-1 will bring a crisis response. It is also obvious that others may call the police (neighbors, co-workers, etc). Victims in fear or immediate danger consider that a call to the police may "make the violence stop" in that moment in time. The idea that there might be an arrest can serve as a key reason for calling or a barrier for calling for some victims. Some victims may consider that a call to police might result in the abuser's removal from the home when that is not a desired outcome. Peoples' lives are intertwined in practical as well as emotional ways which may cause a victim at times not to want forced termination or separation from the relationship. Some victims consider the issues of parenting and their children's needs as well as the ramifications of the loss of economic support when separating from an abuser. Some victims will not call based on their communities experience with the criminal justice system or because of shame, embarrassment and fear of public disclosure within the community. Some victims fear police involvement heightens their risk of retaliation in many overt or subtle ways.

## Victim's considerations & barriers

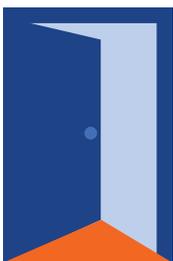


- Possible notification to employer of abuser or victim with negative consequences or embarrassment
- Fear of being reported to DCFS or Elder Abuse Hotline
- Substance abuse or mental health issues
- Victim's prior or current criminal activities (ex-offender/sex trade)
- Victim's expectations are not in line with the mission/protocol/training of police
- Prior police response which was perceived as not helpful or appropriate

Victims express concern that there might be notification to employers with negative consequences. Some victims may fear that a call to police will trigger a child abuse or an elder abuse report resulting in a mandatory follow up investigation. Still others because of their own or their abusers' mental health or substance abuse issues may not seek the assistance of the police. Victims who have engaged in prior or current criminal activities face barriers when considering if they want to seek the assistance of the police for domestic violence. Some victims' expectation of what police response will be if they do seek law enforcement assistance is not in line with the mission and protocols of police response. This brings disappointment and frustration. In addition to encouraging victims to call the police, public education about the nature of the police response, validated in true and consistent practice, would help. A victim who had prior police response which was perceived as not helpful or appropriate will likely not call again. It was noted that police response could be "appropriate" per police protocol and not be viewed as helpful or meeting the victim's needs from her perspective.

## MEDICAL

### What do we know about this doorway?



- Victims perceived confidential relationships for safe disclosure
- Advocacy efforts encourage all medical professionals to screen
- Certain hospital accreditations mandate screening for DV
- Developed screening tools training/policy/protocol
- 78% of ER screen; 65% other hospital settings; 90% have policy/protocol; 50% knew Help Line
- Disclosures rates are not known
- DV does not trigger mandatory reporting except in case of child abuse; elder abuse; gun shot and stabbing injuries
- Medical referrals to Help Line low
- Missed opportunities for "risk assessment" and option education
- DV costs in medical expenses—costs to society community costs
- ACES study—adverse childhood exposures long term health consequences

Research shows that victims perceive that they have a confidential relationship with their medical providers.<sup>5</sup> Due to this fact, advocacy focused on encouraging routine screening in all medical sites has occurred. Hospital accreditations mandate this practice and many health institutions have developed screening tools, training, policy and protocol on this issue. Emergency Medical Technicians and other emergency personnel in Chicago have also received training. As noted previously local survey results indicate that most area hospitals have taken

<sup>5</sup> Fugate, M., Landis, L., Riordan, K., Naureckas, S, & Engel, B. (2005). Barriers to domestic violence help seeking. *Violence Against Women*, 11(3), 290-310.

these steps. However the rates of disclosure made as a result of these screening and training efforts is not known. Elder abuse, child abuse, and gun shot and stabbing injuries all trigger mandatory reporting. While not a technical requirement, some medical professionals call the police on all DV cases with the knowledge that the victim does not have to talk to police. It has been reported that in states which require mandatory reporting of DV by medical personnel, victims regard the loss of the confidential link to assistance as a barrier to safe disclosure.

Despite the focus on screening and referral, medical referrals to the Help Line remain very low. DV providers who participate in Info Net do not report many referrals from medical personnel among those they serve. Low referrals may reflect that medical professionals are referring to on site services like the Hospital Crisis Intervention Project<sup>6</sup> at Stroger Hospital or to internal sources such as hospital social workers. Summit participants noted the fact that even if the medical referral is internal there should still be external referrals for services such as shelter and legal representation sought by hospital social workers and/or pastoral staff. Nationally, the costs of intimate partner violence exceed \$5.8 billion each year, \$4.1 billion of which is for direct medical and mental health care services.<sup>7</sup> Also the ACES<sup>8</sup> study pointed out the negative life time health and mental health consequences of adverse childhood exposures including DV.

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### *Victim's considerations & barriers*



- Fears not being believed
- Accompanied by abuser or prevented by abuser from seeing medical professionals
- Medical professional is familiar with whole family and/or abuser as patients
- Medical profession indicates discomfort and disclosure—what next?
- No insurance prevents access/or reporting to abuser's insurance
- Pre-existing condition reporting
- Cultural language consideration
- Faith based considerations
- Fear of disclosure consequences
- Prior response which was perceived as not helpful or appropriate

In considering whether to seek assistance from a medical provider, victims fear they may not be believed. Often they are accompanied by the abuser or prevented from seeking medical services by the abuser. The medical professional may be familiar with the whole family and/or the abuser is also a patient which may factor into a victim's decision to seek that assistance.

Medical professionals who have been trained to screen indicate discomfort with disclosures based in part on not knowing for certain what to do next. Victims can sense this discomfort when being screened. Many victims lack insurance which serves as a barrier or they fear that their treatment will become known to the abuser's insurance and to the abuser. Still others fear that treatment which is documented could lead to insurance companies viewing them as having a pre-existing condition. Faith, culture and language are all factors which may impact a victim's consideration of accessing medical providers as a source of help for DV. Victims may fear the consequences of disclosure or have had a prior response which was not perceived as helpful or appropriate.

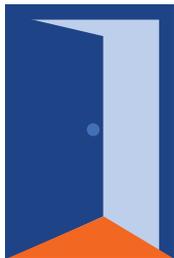
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<sup>6</sup> A collaborative effort of CAWC and the Cook County Bureau of Health Services, HCIP provides direct services to victims of abuse at the John H. Stroger, Jr. Hospital of Cook County.

<sup>7</sup> Rennison, C.M., & Welchans, S. (2003). Intimate Partner Violence 1993-2001. Washington, DC: Bureau of Justice Statistics, United States Department of Justice. This data brief is available from on Bureau of Justice Statistics website.

<sup>8</sup> Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson D.F., Spitz A.M., Edwards V., Koss M.P., & et. al. JS. (1998). The relationship of adult health status to childhood abuse and household dysfunction. American Journal of Preventive Medicine, 14, 245-258.

### What do we know about this doorway?

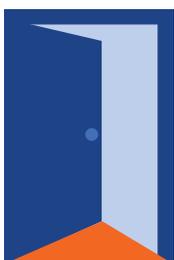


- Child abuse hotline calls are screened but if child is at risk of abuse investigator responds within 24 hours
- Abuse can be indicated but protective custody is not necessary
- Temporary protective custody is taken when there is imminent danger if left in home
- Mandated reporters are required to report when they have “reasonable cause to believe” that a child may be abused or neglected
- Child exposure to DV is not a mandatory reporting requirement
- Not known how many mothers who abuse their children are DV victims
- DCFS protocol mandates screening at investigation and thru duration of case
- Internal DV specialists for case consultation
- Domestic violence services are often a part of DCFS service plans
- DV agencies are not contractual providers for DCFS

The Department of Children and Family Services (DCFS) is statutorily required to respond to child abuse hotline calls. If a child is at risk of abuse investigators respond within 24 hours. Temporary protective custody is taken when there is imminent danger to the child if left in the home. Findings of abuse can be indicated by DCFS but protective custody is not always necessary. In 2001, about 5% of reported cases resulted in protective custody being taken.<sup>9</sup> Mandatory child abuse reporters are required to report when they have “reasonable cause to believe” that a child may be abused or neglected. There must be some demonstrated harm or substantial risk of physical or sexual injury to the child. Child exposure to DV alone does not require a mandatory report. However, nearly all forms of confidentiality including those related to DV are waived under mandatory child abuse reporting. DV exposure is often reported as a child at risk of abuse or neglect which requires DCFS to gauge the ongoing exposure to danger or harm to the child. It is not known how many mothers who abuse their children are also DV victims.

DCFS investigators use a DV screening form and a child endangerment risk assessment protocol which guide a worker through continued screening and monitoring. There are internal DCFS Domestic Violence Specialists available for case consultation. Victims are often required to seek DV services as part of their DCFS service plans. However, DCFS does not have contractual relationships with DV victim service providers. Summit participants noted that DCFS does have contracts with some providers who deliver abuser services.

### What do we know about this doorway?



- DCFS tends to focus on mother/DV victim over dad/DV abuser for most service plan requirements
- Failure to protect allegations against mother/DV victim if continued child exposure to DV
- Service plans include use of OP by victim
- Intact family services can be resource
- Not perceived as a resource viewed as punitive—take children away
- People of color are disproportionately represented in case loads

<sup>9</sup> Department of Child and Family Services (2006). Manual for Mandated Reporters, DCFS Children’s Justice Task Force (Rev. Ed.). Chicago, IL: DCFS.

DCFS tends to focus on the mother with most of the service plan targeted at her. By failing to address the adult DV perpetrator, the mother/victim often lacks the necessary support. “Failure to protect” allegations brought against mothers who are DV victims have been based on the fact that their children continue to be exposed to acts of DV committed against them. This caused grave concerns and resulted in reforms. Workers are instructed to encourage victims to seek OPs protecting themselves and by extension their children as part of the DCFS service plan. Monitoring includes the degree of progress or compliance made by the victim with the provisions of the service plan. This practice causes some victims to seek OPs when they do not desire one in their process of change. While DCFS has resources for intact family services, they are not perceived by victims as a resource.

### *Victim’s considerations & barriers*

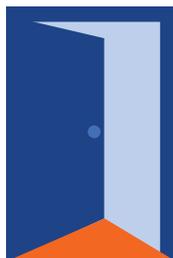


- Assumption that DCFS involvement is only about taking custody of kids
- Fear possible forced removal of DV abuser from household
- DCFS is perceived as biased against people of color and poor people
- Abusers threaten and do report victims to DCFS as harassment
- View use of reasonable corporal punishment as acceptable
- Language and cultural barriers
- Victim’s own childhood DCFS history
- Prior response which was perceived as not helpful or appropriate
- Lacking model for services DCFS/DV collaboration

Victims often assume that DCFS involvement is only about taking custody of children. This is particularly true among people of color, including many immigrants. Abusers often threaten and actually do report victims to DCFS as harassment. For some victims who do not want forced removal of the DV abuser from the household, reaching out to DCFS is too risky. Many perceive that forced removal will be required as an illustration of a victim’s efforts to protect her children. Victims who view reasonable corporal punishment as acceptable will not reach out to DCFS. Language and cultural barriers exist for victims considering DCFS as a source of assistance. Many victims have their own childhood DCFS history and that experience may factor significantly in her consideration of DCFS as a source of help. Others have had a prior response from DCFS which was perceived as not helpful or appropriate. Finally, the lack of models for service which are both DCFS and DV informed serves as a barrier for families that require both.

## MENTAL HEALTH

### *What do we know about this doorway?*



- Public mental health clinic closed or limited capacity— income eligibility
- General mental health services under capacity
- No specified accreditation for DV
- Confidential relationship with adults
- Parental notifications for teens
- Mandatory child abuse and elder abuse reporters
- Duty to warn statutory requirement
- Advocacy efforts encourage MH personnel to screen for and document DV
- DV perpetration is not linked to a pathology
- Trauma informed MH services
- Fee for service insurance issues
- Not making referrals to Help Line or DV providers

Generally it is known that mental health services are under capacity with public mental health resources very limited and applied to those who suffer from chronic mental health issues. While mental health professionals have confidential relationships with adults there are requirements for parental notification for teens and children. There are no specific accreditations for DV specialization within the mental health profession, however educational and professional development opportunities are available. Advocacy efforts have encouraged mental health providers to screen for and properly document the impact of DV. Mental health providers are mandatory child and elder abuser reporters. Providers also operate under a duty to warn if their patient threatens harm to self or others, having implications in DV cases.

While it is true that some people have mental health issues and also abuse others, DV perpetration is not linked to a pathology. Clearly a history of trauma can have an influence on both those who have perpetrated DV as well as those who are victims of DV. Trauma informed mental health services for victims who require therapy is being developed.<sup>10</sup>

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### Victim's considerations & barriers



- No or limited insurance coverage prevents access; billing to abuser's insurance/pre-existing condition
- Documented MH treatment can be used in criminal and custody cases both positively and negatively
- Stigma generally; additional cultural reluctance
- Those using DV agencies who are in need of MH assessment or services can not locate and access easily MH services unless an emergency "admission"
- Fear of being reported to DCFS
- Fear of being medicated
- Language, documentation
- Personal criminal history
- Not set up to connect to practical supports—case management
- Prior response which was perceived as not helpful or appropriate

For most mental health services there is a fee for service which requires a diagnosis and often reporting and billing to the abuser's insurance. There have been attempts at collaboration between Chicago public mental health clinicians and DV agencies. These collaborations included agreements to fast track intakes and referrals between the mental health and the DV agencies. DV victims were being linked for mental health assessments by DV providers. Mental health providers linked their patients to DV programs for ongoing support regarding DV. The limitations of these collaborations reflected a lack of capacity in both systems. In addition it is notable that the number of victims calling the Help Line reporting referral by mental health providers is insignificant.

Limited or nonexistent insurance coverage prevents access to mental health services by victims who might consider using this path to assistance. All of the billing and pre-existing condition concerns mentioned under health care providers applies here as well. However a particular consideration for most victims when making a decision whether to access mental health services is the idea that documented treatment might be used in a criminal and/or custody case either positively or negatively. Summit participants noted that greater attention is being given to proper documentation in local training efforts.

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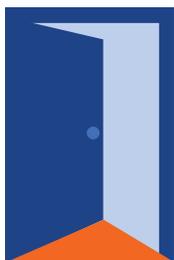
<sup>10</sup> Domestic Violence Mental Health Policy Initiative (DVMHPI) is an innovative Chicago-based project designed to address the unmet mental health needs of domestic violence survivors and their children. Details can be found on their website and also within the *Assessment of the Current Response to DV in Chicago*.

There is a stigma which exists for many regarding receipt of mental health services. Additional cultural reluctance may deter some victims from seeking this path. Some communities operate from a value or belief system reflecting self reliance over seeking assistance, that you should be able to handle or fix these issues. Some cultures may have more of a spiritual reliance and do not seek western models of treatment such as mental health services.

Victims who do contact a DV agency and need a mental health assessment or services including medication regulation can not locate and access those services easily unless they require an emergency “admission”. Victims considering approaching a mental health provider for assistance fear being reported to DCFS or fear being medicated. Language barriers, lack of documentation or a personal criminal history all represent challenges to accessing mental health services. Victims also operate from a view that mental health providers are not a source for the practical supports (housing, jobs, benefits, child care, legal assistance) even with good case management. Still others are reluctant to make contact with a mental health provider due to a prior response which was perceived as not helpful or appropriate.

## SUBSTANCE ABUSE

### *What do we know about this doorway?*



- Limited service capacity—out patient and in patient
- No accreditation for DV
- Confidential relationship
- Mandatory child and elder abuse reporters
- Fee for service insurance issues
- DV is not caused by substance abuse
- Active substance abuse or use causes ineligibility for DV agency services
- Not making referrals to Help Line or DV providers
- Victims are coerced into use of substances; victims self-medicate
- Substance Abuse/Domestic Violence collaborations not funded

Recent funding cuts have made a limited service capacity worse for both in and out patient substance abuse treatment. Inpatient substance abuse treatment for mothers with children is even more limited. No special DV accreditation is required for substance abuse professionals.<sup>11</sup> There is a confidential relationship with clients except for child and elder abuse reporting requirements. Some substance abuse treatment while voluntary is conducted as a part of a court order or an employment agreement. In those instances often reports are provided to others regarding the treatment outcomes. All of the same fee for service and insurance issues raised under the medical and mental health system apply to substance abuse providers.

While it is true that some people have substance abuse issues and also abuse their partners or other members of their household, DV perpetration is not caused by substance use. For those with a substance abuse problem who abuse or are abused there is a need for dual services. Active substance use causes ineligibility for many DV agency services.

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<sup>11</sup> IDHS has conducted cross discipline substance abuse and DV training to enhance competencies in both fields.

Victims are sometimes coerced into use of substances or they self medicate. In 1999 the Illinois legislature approved funds for pilots to develop and implement integrated and coordinated services for victims who required both DV and substance abuse treatment services. These pilot partnerships reflected co-located professional staff and cross-training. The pilot sites were evaluated and it was determined that one of the effects of coordinated services for drug abusing women who were victims of intimate partner violence was that substance abuse declined, self-efficacy increased but many were more vulnerable to increased abuse as substance abuse was a shared activity with the abuser.

As with many other systems it was noted that substance abuse providers are not making referrals to the Help Line or to DV providers.

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### *Victim's considerations & barriers*

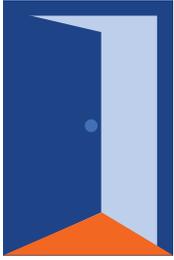


- No or limited insurance coverage prevents access; billing to abuser's insurance/pre-existing condition
- Documented SA treatment can be used in criminal and custody cases both positively and negatively
- Stigma generally; additional cultural reluctance
- Fear of being reported to DCFS
- Language, documentation
- Personal criminal history
- Prior response which was perceived as not helpful or appropriate
- Substance Abuse/Domestic Violence collaborations success have been curtailed by strict interpretations of respective providers' confidentiality and lack of funding

All the same insurance issues mentioned for medical and mental health services serve as possible barriers when a victim considers seeking assistance through a substance abuse provider. Again victims consider that documented substance abuse treatment can be used in criminal and/or custody cases both positively or negatively. Victims who require substance abuse treatment fear that rather than being viewed as a positive attribute/action step that she sought and received help that her substance abuse treatment will be used against her in a custody fight or to illustrate a lack of credibility in a criminal case. Again there is a public stigma attached to substance abuse with additional cultural reluctance as identified under mental health service. Victims fear that seeking substance abuse treatment for themselves or their partners may result in being reported to DCFS. Pregnant victims in particular face substantial fear of being reported to DCFS. Language barriers, lack of documentation and/or personal criminal history are all things that victims consider when deciding to approach this doorway to assistance. As with many other doors, victims may have had a prior response which was perceived as not helpful or appropriate from a substance abuse provider. Victims who might be served successfully through a substance abuse/DV collaboration have had their success curtailed by strict interpretations of respective providers' confidentiality and lack of funding.

## SOCIAL SERVICES

### *What do we know about this doorway?*



- Missions include family support services or other counseling & case management; ESL and other emergency & support assistance
- Presenting problem not DV
- Not required to screen for DV
- Referring to Help Line but lower than expected
- Mandatory child and elder abuse reporters
- May take a “family systems approach” — may see couples
- Offer age or culturally specific services
- May be more acceptable resource for most communities

Social service agencies have missions which often include family support service, other counseling and case management services, ancillary services like English as a second language, and/or other emergency and support assistance. While victims of DV are among those served by social service agencies, most victims do not come to a social service agency presenting domestic violence as the identified issue. Although social service agencies are not required to screen for domestic violence, some agencies do screen for it. Others learn of the domestic violence during the course of providing service sought for reasons other than DV such as emergency food or financial assistance. The number of victim callers to the Help Line that report having been referred by social service providers is lower than expected.

In general, family support service offered by social service agencies are often viewed as more acceptable than mental health or substance abuse service. Some social service agencies offer age specific or culturally specific services (Asian Human Service or Jewish Children and Family Services). However many social service agencies take a “family systems approach” which may not always be appropriate for DV cases where couples should not be in counseling together or in family groups.

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### *Victim’s considerations & barriers*

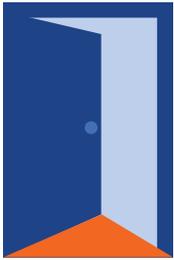


- Fear of being reported to DCFS
- Personal criminal history
- Prior response which was perceived as not helpful or appropriate
- Not viewed as a resource for DV
- Documented service can be used in criminal and custody cases both positively and negatively

When victims consider approaching a social service agency for assistance they may fear being reported to DCFS. Language barriers, lack of documentation or a personal criminal history may cause a victim not to seek these services. Of course a prior response from an agency which was perceived as not helpful or appropriate can be a barrier for victims thinking of approaching social service agencies for support. Generally victims may not view these agencies as a resource for domestic violence. As victims present for other reasons at these agencies, good screening and risk assessment of those who are receiving general counseling and other support would increase safety for DV victims. In fact, not doing so jeopardizes victim safety. Of course victims have to consider again how documentation from a social service provider could be used in criminal and/or custody cases either positively or negatively.

# DOMESTIC VIOLENCE

## What do we know about this doorway?



- Mission driven subject matter expertise
- Experience serving victims
- Developed to address survivor's experiences
- Activist/advocacy origin
- Driven by principles of victim safety and abuser accountability
- Program eligibility focus on immediate danger or current abuse includes triage of victims resources
- Shelter rules include no corporal punishment; no contact with abuser; designated chores and schedules
- Non-residential programs offer counseling and advocacy services; culturally specific providers
- Referral source is great predictor of the type of services received
- Legal Advocacy is most frequent service
- Emotional abuse is sometimes the primary presenting form of abuse
- Senior victims who are exploited by caregivers not reflected in DV agencies
- No follow up; continuum of care
- DV professional certifications
- Average 10 service hours and average 11 total contacts
- Limited free DV civil legal representation providers
- Limited DV supervised child visitation centers

Obviously DV providers are driven by DV subject matter expertise and a mission developed to address the experience of victims informed by survivors. Born of an activist/advocacy movement, these services remain driven by principles of victim safety and abuser accountability. Eligibility for DV provider agency service focuses on whether a victim is in immediate danger or currently abused. Agencies utilize a triage method for determining eligibility which includes a review of the victim's resources in order to maximize service to those in greatest need. Shelters operate with rules related to no corporal punishment of children, no contact with the abuser, and designated chores and schedules. Victim work schedules, curfew issues and child care needs exacerbate those rules in application. Non-residential programs offer an array of services, some by culturally specific providers. Session One data revealed that the referral source serves as a primary predictor of the type of service a victim will receive from a DV provider; more than the victim's personal characteristics or abuse experience.

For DV service providers, InfoNet data illustrated that legal advocacy was the most frequently provided service. Also InfoNet data illustrated that emotional abuse is sometimes the primary presenting form of abuse among those served by DV service providers. Senior victims who are exploited by caregivers are not reflected often in DV agencies' service population.

Again it is known that victims receive an average of 12 hours and an average of 11 contacts from a DV agency. Most of the services are provided on a crisis basis. While counseling service may extend over a period of months, generally there is no continuum of care for clients over time.

DV services are free of charge and not billable to insurance. To access DV service the victims must approach the service provider. Generally no follow up or offer of assistance is made without first initiation by a victim. There are certifications for DV professionals.<sup>12</sup>

<sup>12</sup> The Illinois Certified Domestic Violence Professionals, Inc. (ICDVP) was established to foster uniformity in domestic violence and partner abuse intervention services throughout the State of Illinois, and create recognized professions of Certified Domestic Violence Professionals (CDVP) and Certified Partner Abuse Intervention Professionals (CPAIP) by setting standards to certify domestic violence and partner abuse intervention professionals and regulating the process of certification.

It was noted again that there are very limited free DV civil legal representation providers and even more limited DV supervised child visitation and exchange centers.

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## **Victim's considerations & barriers**



- Capacity not enough
- Eligibility, range of services or rules not addressing all victim's needs
- Fear being coerced into one course of action—leaving
- Perceived lack of understanding of faith, culture, experience of oppression
- Geographic, safety & privacy barriers
- Fear displacement from community
- Stigma/shame/embarrassment/rejections from community
- Fears confidentiality violated
- Fear child will be taken away
- "Not people like me"
- "Not serious enough"
- Nothing will help
- DV is only a small part of what is needed—not the priority
- Disclosure may escalate risk
- Disclosure might reveal other criminal activity
- Seniors who are able to self-determine may fear elder abuse reporting
- Fear of retaliation or unintended consequences

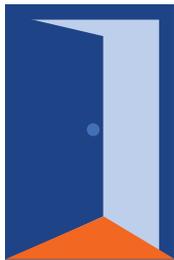
Victims know that shelters and other providers are operating under limited capacity. They also consider whether the program eligibility criteria, range of services or program rules address their individual needs. Victims fear that they will be coerced into one course of action primarily perceived as being required to leave the abuser and that outcome may not be what she wants or needs at that time. Other victims have expressed a perceived lack of understanding of their faith, culture and/or experience of oppression by DV providers.

Victims face geographic, safety and privacy barriers when considering accessing DV services. Review of the maps provided during the Session One Service Capacity presentation illustrates that victims must cross turf or unfamiliar neighborhoods to seek service. Many acknowledge the need to leave their neighborhood to ensure safety from the abuser as neighbors or others who may see her seeking service may violate her privacy leading to the abuser learning of her efforts to get help. Others fear that they will be displaced from their friends, family, stores, schools, work and faith communities if they must seek service outside their community area. Victims express fear that the DV providers will violate their confidentiality and they also fear that their child will be taken away. There is of course concern about the stigma of seeking DV services along with shame and embarrassment which could actually cause rejection from their community if they did seek assistance from DV providers.

Victims face many additional considerations and barriers in determining whether to approach the DV provider door to assistance. The perception among some victims that DV does not happen to people like themselves serves as a barrier. Other victims believe that what they are experiencing is not serious enough or that nothing will help. DV may be only a small part of what a victim needs and in fact the DV may not even be a priority. Victims consider that disclosure may escalate risk before they have conducted safety planning. For some victims, disclosure about the abuse may reveal other criminal activity by the abuser and this fact inhibits them from reaching out to DV providers for assistance. Seniors may fear that an elder abuse report will remove their self-determination on the course of action. Victims in general fear retaliation or unintended consequences of approaching these providers.

# HOUSING

## What do we know about this doorway?



- Domestic violence causes homelessness
- DV is resulting in evictions
- DV is an illegal activity interpreted as lease violations in public and private sectors
- Safe Homes Act
- Victims look to DV shelter due to lack of safe housing
- Orders of Protection can exclude abuser from victims residence
- Elder abuse victims are often residing with family members who abuse them
- There is limited affordable or subsidized housing with no preference for victims
- Victims double up or live in unsafe situations to escape abusers
- Victims leaving DV shelter are returning to unsafe or not permanent housing situations
- There are some transitional housing scattered site apartments for DV victims
- Accommodations in housing can create increased safety—supportive landlord or neighbors
- Community impact and costs

Research and experience illustrates that DV causes homelessness. DV results in evictions where DV as an illegal activity is interpreted as a lease violation in public and private sector housing. The Safe Homes Act seeks to address some of these concerns. Those victims who gain service from the homeless service network may encounter DV advocates employed by the City who seek to address the intersections of the DV experience and their homelessness. As the Shelter Utilization study indicated often victims turn to DV shelters based in part on a lack of safe housing. Orders of Protection can exclude the abuser from the victim's residence which has had an impact on victims' need to address housing as an issue. Elder abuse victims are often residing with the family members who abuse them making alternative housing a doorway they may have to approach.

Generally there is limited affordable or subsidized housing with no eligibility preference for DV victims. Victims double up or live in unsafe situations to escape abusers. Housing foreclosures and the current economic crisis have exacerbated this issue. Victims who leave DV shelter are returning often to unsafe or not permanent housing situations. While there is some transitional housing in scattered site apartments earmarked for DV victims this resource is extremely limited.

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## Victim's considerations & barriers



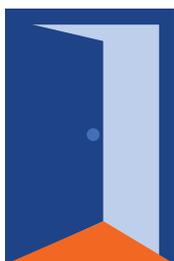
- Disclosure could result in loss of home or income to support current housing
- DV shelter is often sought due to lack of housing and respite from abuse
- Language and documentation implications in maintaining and locating housing
- Disclosure may reveal unauthorized residents and result is forced removal

Landlords who change locks, enforce OPs, watch out for the victim and their property including calling the police as necessary increase safety and serve as a key doorway to assistance and support for victims. There are community costs and the impact is reflected in housing development and rental management efforts. The campaign “there is no room for DV in this neighborhood” launched by MODV and continuing to this day, did not mean “not in my backyard” to victims and children. It means no room for the person using violence and abuse, that those behaviors will not be tolerated and that support is there for those who need it.

Victims are concerned that disclosure to their source of housing could result in the loss of their home or income to support current housing. In fact disclosure is risky as landlords and neighbors are not always supportive of victims. Victims consider DV shelter as housing when they have no other options. Language and documentation issues may have implications in maintaining and/or locating housing. A victim’s personal criminal history may make them vulnerable in housing if DV is known to be occurring. Victims also fear that disclosure of DV may reveal unauthorized residents and result in forced removal.

## WORKPLACE

### What do we know about this doorway?



- Cost in lost worker productivity
- VESSA benefits
- Workplace violence policies
- Workplace site supports/HR
- Workplace accommodations
- Workplace may be safe place for disclosure, support and respite
- Abuser may represent threat to victim at workplace; by-standers
- Some employers become overly involved and increase risk to victim
- Many victims who call the Help Line are employed and fear losing their jobs due to the abuse
- Current economic climate limited jobs
- Job training and placement programs are measured by gaining and retaining a job
- Not addressing DV as barrier to work or maintaining employment

The work place considerations include the context of the cost in lost worker productivity. \$1.8 billion is lost in worker productivity annually with nearly \$8 million paid workdays lost.<sup>13</sup> VESSA benefits<sup>14</sup> seek to help make the workplace a source of support or a doorway to assistance. Additionally many workplaces have developed violence in the workplace policies which include DV and/or offer site support through their Human Resources divisions. Still others provide workplace accommodations for employees who are victims. Working victims may find that the workplace is a safe place for disclosure, support and respite from the abuse. Abusers sometimes represent a threat to the victim and/or bystanders at the workplace. Some employers become overly involved and increase risk to victims. However, many victims who call the Help Line continue to express fear that they will lose their jobs due to the abuse or due to the time they need to take from work to access the sources of assistance necessary to address the abuse. In the current economic climate reflecting limited job opportunities, this fear is magnified. Seniors who are being forced to “take in” adult children due to economic needs are exposed to heightened risk of elder abuse or exploitation.

Many job training and placement programs measure success by how many clients they assist in gaining and retaining a job. Moving right into a program like this before dealing with the impact of the abuse is not helping victims gain or maintain employment.

<sup>13</sup> Centers for Disease Control and Prevention, National Center on Injury Prevention and Control Overall

<sup>14</sup> VESSA permits eligible employees to take unpaid leave from employment to address domestic violence, dating violence, sexual assault, or stalking. VESSA provides for taking up to a total of 12 work weeks of unpaid leave from work during any 12- month period to seek medical attention, victim services, counseling, safety planning, legal assistance, court proceedings, relocation, etc

## Victim's considerations & barriers

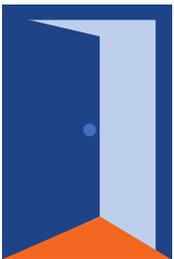


- Fears loss of income or negative impact or perception of her if discloses
- No confidentiality
- Fear of being forced to take action as a condition of employment
- Workplace may be where victim feels competent
- Undocumented or cash income
- Disclosure may cause unintended consequences
- Prior response which was perceived as not helpful or appropriate

Victims fear that disclosure at the workplace might result in loss of income or negatively impact the employer's perception of their skills. Most victims know there is no confidentiality owed her by an employer or co-worker were she to seek assistance from them. They fear that they might be forced to take action to deal with the abuse as a condition of continued employment. As the workplace may be one of the few places a victim feels competent, she may not want to introduce her experience with DV into that area of her life. Some victims who work in an undocumented or on a cash income basis, will not view the workplace as a place for safe disclosure as they do not want to draw any attention to themselves. Some victims fear that disclosure may cause unintended consequences, for example LGBT victims might be outed in the workplace or ex-offenders may not want to jeopardize employment by drawing any attention to their needs as a victim of DV. As with all other doors to assistance, a victim may have had a prior response from an employer or co-workers which was perceived as not helpful or appropriate and that experience serves as a barrier to seeking assistance again from a workplace.

## CHILD/ADOLESCENT

### What do we know about this doorway?



- Mission focus on the emotional, educational, social, recreational enrichment of children and youth
- Children and adolescents witness adult DV and tell others
- Some are mandatory child abuse reporters, others are encouraged reporters
- Chicago Public Schools have a policy on child exposure to DV
- Head Start and day care provider networks have had some training on child exposure to violence including DV
- Abusers may have empathy for their children

Summit participants were reminded that there would be a session on the issue of child exposure and teen relationship violence so that the Child/Adolescent Doors to Assistance presentation was to be viewed as a possible access point for assistance by adults impacted by DV. These Child/Adolescent doorways were to include Head Start programs, schools, day care, after school programs, youth clubs and agencies, faith based youth groups, or any place that serves youth and has contact with their parents or caregivers. It was noted that the mission of these groups was really to focus on the emotional, educational, social and recreational enrichment of children and youth. While there is no expectation by the adult victim whose children are served by these programs/services that this is a place for DV support and these providers are not "missioned" to meet those needs, it is clear that children and adolescent witnesses of adult DV do tell others including people who work in these kinds of service program areas. Many of these providers are required to report child abuse while all are encouraged to make reports of suspected child abuse or neglect. Even those who are mandatory reporters may know that they are not required to report adult disclosure of DV when the child has not been a target. Many of these providers acknowledge that while DV intervention is not their focus, once the children disclose the abuse, the provider could be a resource to the victim parent.

Chicago public schools do have a policy on child exposure to DV.<sup>15</sup> This policy dictates a protocol response when an adult discloses DV or the existence of an OP in a child's family. It goes further and helps to define a protocol when someone in the school suspects that a child has been exposed to DV which encourages the identification through indicators of child exposure. Both Head Start and day care provider networks have had some training on child exposure to violence including DV. Teen or youth service agencies are beginning to address teen intimate partner violence as part of their primary prevention and education work.

Those who have been providing supervised child visitation and exchange services throughout the country including Chicago have learned that abusers may account for and seek assistance to address their abusive behavior after gaining greater insight into the impact that the exposure to the domestic violence they perpetrated has had on their children. Some abusers have empathy for their children even when they fail to have any for the victim.

### *Victim's considerations & barriers*

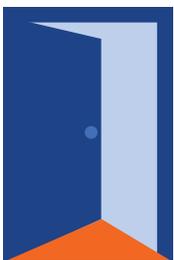


- Do not view these providers as a resource for their DV needs
- Fear of being reported to DCFS
- Fear of having children labeled
- People who care for the victim's children are seen as a protective factor
- Prior response which was perceived as not helpful or appropriate

One of the primary considerations or barriers to victims seeking assistance from agencies or services that focus on children and adolescents is that the adult victim does not view these entities as a resource for their DV needs. Victims fear that disclosure will result in being reported to DCFS. Others express fear that their children will be labeled and/or stigmatized. However, some victims view people who care for their children as a protective factor in their children's life. Victims disclose to these people in order to ensure the safety of their children or that their children receive the support that they need. As with other doorways, if a victim had a prior response from someone engaged in their child's life which was perceived as not helpful or appropriate, they may be less inclined to seek that assistance again.

## FAITH

### *What do we know about this doorway?*



- Some victims seek faith-based help
- Emerging collaborations between congregations and DV agencies
- Emerging congregation based response models
- Faith based programs serving community
- Faith based advocacy/coalitions
- Mission driven; forgiveness/accountability
- Education site within community
- Abusers are identified; informal sanctions
- Confidentiality limits/mandatory reporters
- Safe space for disclosure
- Safe place for victims not found elsewhere—Sanctuary concept
- Reaches across age & cultural & socioeconomic groups
- Low referrals to Help Line

<sup>15</sup> Appendix F

It is clear that some victims seek faith-based help and assistance. There have been a number of collaborations between faith congregations and DV agencies and still other congregations have developed an internal response model.<sup>16</sup> There are also some faith based programs and coalitions that serve the larger community but formed with a religious identity or focus. All of these efforts seek to address the historical misuse of faith tenets which served to keep victims trapped in abusive relationships.

Faith related resources are often guided by a mission of accountability and forgiveness. When applied in a DV informed manner, these religious tenets can serve to help many victims who consider themselves to be a people of faith. Faith institutions can serve as an education site within all communities building greater understanding of the problem and its impact. Faith leaders have shared the fact that abusers are identified within congregations and that the community can apply informal sanctions that may have a greater impact on an abuser's behavior than any formal court system intervention. However, it was noted that there are limits to confidentiality and mandatory reporting requirements which vary based on ordained versus lay leadership status.

For many victims particularly those who are undocumented, or non-English speaking or those seeking culturally specific services, a faith institution may be viewed as a safe space for disclosure. This safe place for victims may not exist elsewhere encompassing a sanctuary concept. The prevalence of churches, mosques, and temples in Chicago allows for a reach across age, culture and socioeconomic groups. Many of these institutions offer age appropriate social programs or services for children, seniors, families, teens, parents and so forth which allows for some marketing of messages differently to reach those directly impacted by DV. Despite the potential for the faith community to serve as a link to further assistance, referrals by faith institutions to the Help Line remains low.

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### *Victim's considerations & barriers*



- Shame, embarrassment
- Fear disclosure will be known within congregation—breach of confidentiality
- Fear of not being believed—abuser known or supported by congregation
- Fear misuse of religious tenets
- Fear of being forced to leave her faith community/traditions
- Fear within insular community of being exposed; increase risk
- Prior response which was perceived as not helpful or appropriate

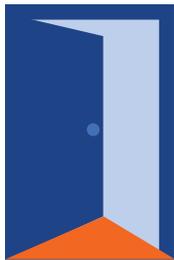
Shame and embarrassment serve as a barrier to victims seeking assistance from their faith institution. Victims express concern that disclosure will become known within the broader congregation. Victims fear that they will not be believed or that the abuser who may also be known to the congregation, will get support from the community. Many victims have had the experience of their abuser manipulating the forgiveness aspects of their faith, converting the support sought by the victim as part of the abuse tactics. Prior responses which were perceived as not helpful or appropriate have resulted in the fear among some victims that to disclose within a faith institution may result in the misuse of religious tenets. Victims also fear that disclosure might force them to have to leave their faith community/traditions or that disclosure within a very insular community may actually increase risk of further or escalating abuse and violence by the abuser.

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<sup>16</sup> Among these is a partnership between Fourth Presbyterian Church and Between Friends. Key internal congregational models include Moody Bible Church and Trinity United Church of Christ. Both Saint Pius and the House of Good Shepherd are programs that provide secular service from within a religious institution. There are some advocacy coalitions formed with a faith based orientation such as JCares which was formed from the Jewish community.

## CONCERNED OTHERS

### *What do we know about this doorway?*



- Victims disclose to family, friends
- DV was “known” in homicide cases
- Key referral source to Help Line
- Engaged community residents on DV subcommittees—safe distribution source
- No confidentiality
- May experience retaliation from abusers and others
- Burn out as victim moves thru stages of change; may not know what to do if victim discloses
- Source of support for victim and informal sanction for abusers
- Source for practical assistance for victims
- Protective factor for children exposed to DV
- May be only place isolated victims can go
- Ethnic, senior oriented or social civic setting may be place to reach missed victim groups
- Male bystander engagement

Victims disclose to family and friends. Prior presentations included the findings that DV was “known” to others in many of the DV homicide cases. Family and friends have been a key referral source to the Help Line outpacing many of the systems/providers which might have been expected to make referrals in larger numbers than family and friends. There are engaged community residents on DV subcommittees in each of the police districts who are concerned about the general impact that DV has on their neighborhood. These concerned others form a safe distribution source for information and linkage to assistance both formal and informal. This remains true despite the fact that concerned others have no confidential relationship with victims or perpetrators of DV.

Concerned others may experience retaliation from the abuser and others or may burn out as victims move through stages of change feeling frustrated and not knowing what to do to help the victim if she discloses or continues to turn to them for help without seeking formal assistance. However, it is key to note that these concerned others serve as a source of support for victims as well as an informal source of sanction for abusers. Many offer practical assistance for victims (housing, jobs, money, child care). Clearly these concerned others in a victim’s life serve as protective factors in the lives of children exposed to DV. These individuals may represent the only place an isolated victim can go without extreme risk. Ethnic, senior- oriented or social civic settings may be a place to reach “missed” victim groups. Also male bystander engagement under which men challenge other men’s abusive or violent behavior have begun to take hold. Nevertheless, that male engagement focus has been centered on the general pronouncements that DV is unacceptable. In spite of these efforts, research is indicating that men still may not act to interrupt or challenge abusive behavior by men they know directly.

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### *Victim’s considerations & barriers*

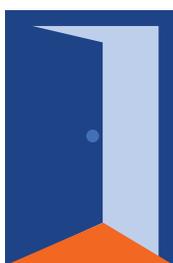


- Fear retaliation by abuser; resulting bystander danger
- Fear judgment of others
- Shame and embarrassment
- Fear being coerced into action not wanted
- Fear that others will violate privacy or confront abuser
- Belief that culture dictates keep within family or that family does not need to know and victim should deal with it
- Prior response which was perceived as not helpful or appropriate

Victims fear retaliation by the abuser or resulting bystander danger if they disclose or seek assistance from concerned others in their lives. They fear judgement by others along with shame and embarrassment. Victims consider that they might be forced into action that they did not want at that time. For some there are ancillary impacts from disclosure like being outed among LGBT victims. Victims fear that others will violate their privacy or confront the abuser. Many fear their fathers or brothers would take revenge against the person who is abusing them. Some victims hold a belief that culture dictates for them to keep their issues within the family or others have a belief that their family does not need to know about their problem and expect that a victim should deal with it herself. Of course as with all other doors to assistance, the victim may have received a prior response from a concerned other which was not helpful or appropriate and that experience serves as a barrier to reaching out again.

## ADVERTISEMENT

### *What do we know about this doorway?*



- Referral source for victims, abusers & concerned others who call Help Line
- Targeted language and ethnic outreach
- Safe method for encouraging disclosure
- Moves beyond victim to others to educate and lessen the stigma/isolation
- Not certain what messages work
- Sporadic and under resourced

Summit Session One illustrated that advertisement has been a key referral source for victims, abusers and concerned others who call the Help Line. Although advertisement promoting the use of the Help Line has been sporadic, it has included print and radio advertisements, posters and bill boards, as well as print materials distributed throughout the community. There has been targeted language and ethnic outreach. Clearly the result has been that advertisement seems to be a method which encourages subsequent disclosure to the Help Line. There have been other advertisement or public awareness campaigns which also serve to encourage disclosure by victims. Observing all forms of advertisement moves the message beyond just reaching out to victims toward reaching others as a tool for education while also lessening the stigma and isolation of victims. It is true that there is no certainty regarding which messages work and how messages should vary in order to reach diverse groups. It is certain that these awareness efforts are not coordinated, remain sporadic and under-resourced.

## Victim's considerations & barriers



- Safe method of learning about connections to assistance
- Requires targeted language, cultural, age specific messages
- Requires broad based/increased venues to increase visibility
- Needs to be seen or heard repeatedly

Victims indicate that advertisement serves as a safe method of learning about connections to assistance. Experience has shown that advertisement does require targeted language, cultural and age specific messages in order to be effective. To serve as an asset for victims, advertisement must be broad and utilize increased venues to increase visibility. The messages have to be seen or heard repeatedly when victims are considering the message as an avenue to assistance. The NIJ study of the Help Line concluded that constant and repeated promotion of the Help Line through advertisement was an essential part of reaching more victims.

### *Focus Group Discussion:*

As summit participants moved into facilitated focus group discussions they were reminded that there should be some examination of the challenges and barriers victims face in seeking assistance with an eye toward greater coordination and a move toward a seamless response for victims. Participants were asked to examine if consolidations or certain enhancements would minimize or remove barriers to help seeking among victims. The goal of addressing the siloed nature of the response to DV should begin with a review of the pathways to service which includes recognition that respective expertise rests behind each of the doors. Participants were encouraged to consider how offering consultation, greater collaborations and advocacy where necessary might improve the victims search for the assistance she needs.

**The small focus groups were facilitated and lasted for 3 hours. A mixed stakeholder participant group in each of the 7 focus groups utilized the key questions enumerated previously and summarized as follows:**

1. What have we learned about the Doors? Does this analysis ring true to focus group participants experiences and knowledge? What additional or different insights about a doorway need to be taken into account? What is missing? Are there key things we do not know and need to find out about?
2. What could the adult help system look like if there were funding which permitted a variety of models rather than restricted use?
3. What will it take?

The focus group notes, debrief with facilitators, participant feedback forms and general discussion were incorporated in the narrative of this Session as well as the final wrap up session.

## Legal Help System Design

### SUMMIT ORIENTATION

The third session (November 5, 2009) began with Leslie Landis, ODV Director/Project Manager presenting a quick reminder of the general approach to the Summit Series as several weeks had transpired since the October 29 session. This session's framing presentation included extensive process maps of DV victims' pathways in the legal system as it operates specifically for Chicago. The process maps were developed for the Summit and presented at the session by Leslie. A panel of legal system representatives provided further details, explanation and interactive responses to the process maps and responded to Summit participant questions submitted during the presentation. The panel included Acting Supervising Judge at the Chicago Domestic Violence Courthouse Judge James Murphy, Domestic Relations Division Judge David Haracz, Chicago Police Commander Judith Martin, Deputy Supervisor of the Domestic Violence Division of the Cook County State's Attorney's Office Paul Pavlus, Director of the Social Service Department of the Circuit Court of Cook County Jesús Reyes, and Director for Family Rescue's Court Advocacy Program Linda Strong-Sanford. Facilitated Town Hall discussions followed utilizing identified town hall questions.

Summit participants were reminded the Summit approach included a focused review of the response to DV from the perspective of the victim. The task of maintaining this focus on the victim's experience was vital to the session's review of the legal help system as most approaches examine one aspect at a time often from the lens of one part of the system. The complexity of our legal system's responses is "head spinning" for nearly everyone, especially victims and even perpetrators trying to understand and access the system.

In the review of the legal system response, participants were asked again to identify areas in need of enhancements, adjustment, and reform. In order to be productive in that regard participants were asked to be looking at what governs that current response; what are the rules and regulations; administrative practices, resources, concepts and theories that influence or control the response as it exists today.<sup>1</sup> Again, the goal was to build greater knowledge and appreciation of one another's role and the system encountered by the victim. Leslie acknowledged that for some of the participants who work in the courts what was mapped and presented may represent things they knew already. However, it was illustrated during the discussion that followed that there were points of case "hand offs" and other points for heightened attention or correction of misinformation shared among all Summit participants including those who work in the court. Participants who do not work in the legal system but interact with it were able to share their points of view and experience and also consider how their service could compliment or aid the legal system's efforts to assist victims and hold abusers accountable for their behavior. All Summit participants were urged to place overt attention on intersections for better coordination and integration.

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<sup>1</sup> The approach was informed and adapted from the Safety and Accountability Audit model developed by Praxis International.

As noted during Session One’s historical review of the development of the current response system, Chicago has made real advances in its coordinated criminal justice system (CJS) response with more recent attention being placed on the civil legal system. While key advancements have occurred over time, participants were urged to consider some of the principles of family justice models when looking at areas for refinement within our local setting. Creative application of some of the guiding principles of family justice centers being developed around the country might include enhanced methods for service response interconnections. In small jurisdictions that can bring one of every service into one site for ease in victim access and more comprehensive attention to a set of victim’s needs, co-location is feasible. A major urban jurisdiction has to approach this principle idea with local resources and community engagement in mind. In a city as large as Chicago these principles might be applied without need of physical co-location in all things which is the common form of many family justice centers.<sup>2</sup>

Building greater understanding about each stakeholder’s respective operations and roles moves Chicago a step closer to the goal of a better more cohesive management of all systems of response. The reforms noted in the Session One historical overview required unrelenting advocacy. Today’s legal system responses arose from a reform agenda which required establishing the partnerships and basic coordination reflected in today’s legal help system design. Future enhancements and solutions to today’s access and persistent coordination challenges require complex answers not isolated to one focus or focal point.

## Domestic Violence Response History

### CONNECT SOME DOTS . . .

#### Focus on victim safety and abuser accountability

- OP ( emergency & plenary with comprehensive remedies) & forum options (self-determination
- Criminal sanction and intervention

#### IDVA comprehensive remedies

- OP independent civil, or in conjunction with a criminal case or a domestic relations case
- Criminal enforcement for certain violation

#### Specialized DV court

- Specialized court personnel as well as independent on site advocates and attorneys

#### Specialized protocol approved abuser’s services

Pulling information forward and connecting dots from Session One DV Response History provided a context for the review of the current system illustrated in the process mapping. The response has been guided by the DV movement’s guiding principles of victim safety and abuser accountability. For the legal system that guidance has taken the form of Order of Protection (OP) on an emergency (ex parte) and a plenary (longer term) basis. The Illinois Domestic Violence Act (IDVA) provides that a victim may seek an OP as an independent remedy; or as part of a domestic relations proceeding like divorce/paternity; or OPs can be sought by the State’s Attorney on behalf of a victim/complaining witness in a criminal case. The legislative intent was to give victims options to exercise some self determination on a course of action and intersection with the courts.

<sup>2</sup> Family Justice Center Alliance has a mission to create a network of national and international Family Justice Centers and other models of co-located, multi-agency service centers for victims of family violence and their children with close working relationships, shared training and technical assistance, collaborative learning processes, and coordinated funding assistance.

The IDVA also offers a comprehensive list of OP remedies (See Appendix G). The most common remedies ordered by the court are 1) prohibitions against abuse in any form<sup>3</sup> ; 2) award of exclusive possession of a residence to the victim; and, 3) orders to stay away from the victim. Victims can name other people as persons also in need of protection on their OP (children, parents, concerned others).

The IDVA also dictates that law enforcement can make a probable cause arrest without a warrant even when they did not witness the crime; it also requires them to give a referral to the victim.<sup>4</sup>

Violations of some, not all, remedies within an OP constitute the criminal offense of Violation of Order of Protection (VOOP) which is a mandatory arrest offense under police policy in Chicago. Notably new Illinois law provides that a judge can order someone charged with or convicted of a Violation of Order of Protection (VOOP) to wear a GPS device.

After 20 years of operating in inadequate facilities, the new Chicago Domestic Violence Court opened its doors in October 2005. This court house at 555 W. Harrison provides a wonderful physical space with numerous services in one building. The building has many physical accommodations for achieving victim safety and perpetrator accountability which are not fully utilized. There are specialized court personnel (judges, clerks, sheriffs, states attorneys and public defenders) housed within the courthouse staffing the 4 misdemeanor courts, a misdemeanor bond court and a felony preliminary hearing court room and 2 civil OP court rooms operating in the building. Chicago has a protocol approved (best practice) abuser's services program (PAIP) through the Social Services and probation departments of the court. There are also legal advocates from Hull House and from Family Rescue who are housed at the courthouse. In addition lawyers employed by the DV Legal Clinic (formerly Pro bono Advocates) are also housed in the building. There is a Senior Advocate employed by the City's DFSS also housed at the court house. There is dedicated space used by personnel deployed by the Chicago Police Department in the building.

## Domestic Violence Response History

- Many victims seek assistance from the police and the courts ;
- More recent increase in civil OPs
- More recent attention to custody & visitation;
- Various laws relate to childhood exposure depending on the type of legal action

Summit participants were again reminded that many victims seek assistance from police and also the courts. Police are also an essential part of the victim's pathway into the legal system. Police are the biggest referral source to the Help Line and to legal advocacy services provided by DV agencies. During Session One it was noted that there has been an increase in the provision of civil legal advocacy services provided to victims seeking a civil independent OPs. The attention being given to custody and visitation issues in DV cases has resulted in the development of supervised child visitation and exchange centers.

The fact that there are various laws that apply to childhood exposure to DV depending on the type of legal action pursued was highlighted. Child protection laws apply one standard to child exposure to DV; criminal courts do not generally address child exposure in adult DV cases; and, child custody/visitation statutes apply a best interest/friendly parent/equal access legal standard.

<sup>3</sup> Abuse includes such things as physical abuse, sexual abuse, harassment, interference with personal liberty, intimidation of a dependent or willful deprivation and stalking behaviors.

<sup>4</sup> Town Hall discussion included reflection on the fact that police have no duty to inform perpetrators of DV that there is available service for them to account for and reform their abusive behaviors.

## Domestic Violence Response History

- Many resources are applied to this “door to assistance”
- The intent of the IDVA is not fully realized
- Always seeking to improve . . .

Many resources have been and continue to be applied to this legal system “door to assistance” for thousands of victims in Chicago each year. Yet despite the application of all these resources, Chicago victims still find the intent of the IDVA is not fully realized. Summit participants were encouraged to try to fix things that should be working guided by the intent of the IDVA. Participants were challenged to seek improvement continually while recognizing the forces that impact the current response.

## Legal System Process

### Safety audit

- Foundation in case processing--mapping the response from the victim’s perspective
- Examining how our institutional methods are designed to address safety

Relying on an approach informed by and adapted from the Safety and Accountability Audit model developed by Praxis International, the Session Three presentation went on to include a framework for review of the legal system process represented by victim pathway maps. Participants were reminded that the presentation was not organized as a performance evaluation. The many people acting on a victim’s case do so within the scope of their institutional functions. No one individual is responsible for drawing all of the interventions together in a way that addresses a particular victim’s circumstance. No worker in the legal system decides independently how to process a case. Every worker is coordinated and organized to think about and act on cases in institutionally authorized and accepted ways.

The legal help system process mapping and panel review was organized to help Summit participants to understand the institutional methods or audit trails that lead to a particular response. This review was offered to help participants discover where victim safety is located or prioritized as intervening agencies respond. Is victim safety at the center, on the margin, or somewhere in between as a factor in the response? How did victim safety get placed there as a priority?

There are several key trails that govern that response: administrative practices; rules and regulations; linkages & resources; and concepts and theories. Summit participants were asked to think about how a rule or regulation diminishes or enhances safety-oriented action or thinking within that system; where did the “rule” originate from; what was the underlying intent and assumptions that informed that response; what policies, laws, legislative mandates, court rulings, forms, protocol, case loads, and philosophical framework have had a direct impact on that response.<sup>5</sup>

<sup>5</sup> These “governing” items were noted by panel members during the mapping presentation.

A set of town hall questions were introduced to the participants before the presentation progressed so that they could keep in mind that the discussion being sought was not about how the system fails. Participants were encouraged not to focus on how their case(s) experience varied from that which was reflected in the presentation's review of protocol or policy or practice as it is currently organized. Participants were told that it can be assumed that the system does not always work as it is stated to be organized. Participants were challenged to think about change that would enhance the protocol in ways that would make it work better. They were asked to suggest change that would adjust or improve the overall response. Participants were also informed that there was an opportunity to influence change in the legal system response currently because reforms are underway through a committee convened by Chief Judge Timothy Evans. Everyone is seeking to determine where the system response can be improved toward meeting the goal of victim safety and abuser accountability.

## Town Hall Questions

- How do current pathways to court impact the court response to victim's safety needs and self determination?
- How do local processes of law enforcement and the DV civil and criminal cases centralize victim safety?
- Who is doing what to whom and with what impact on the victim and abuser?
- What improvements or enhancements would achieve the common objective of victims safety and abuser accountability?

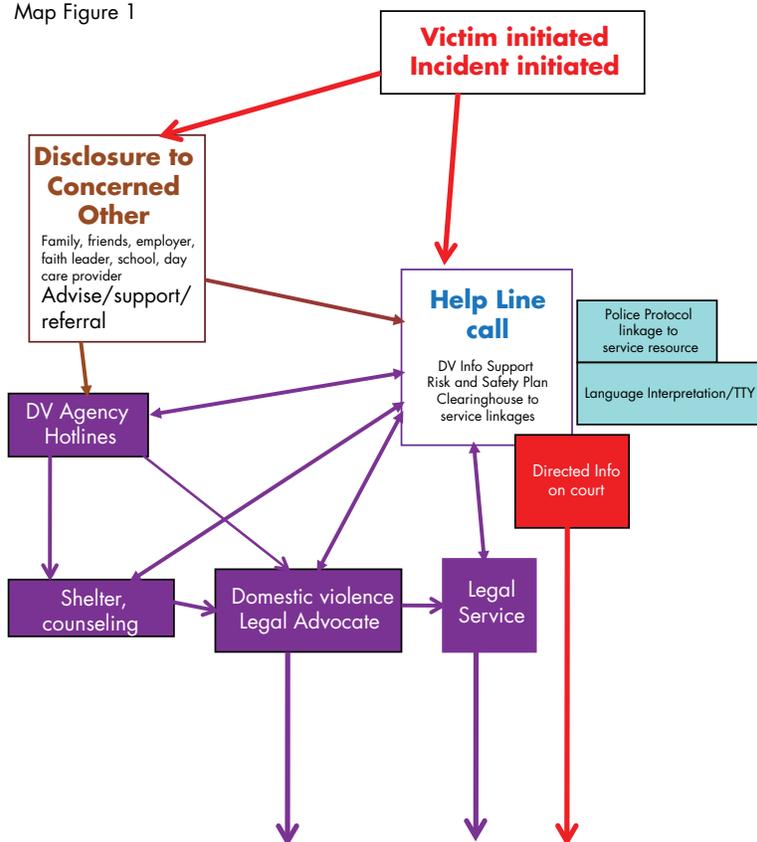
As the questions were introduced participants were reminded that prior town hall and focus group discussions had established that an inherent part of victim safety is abuser accountability. Previously participants had talked about the need for heightened attention on those who perpetrate domestic violence as an enhancement in the overall system to meet both the victim's and the community's long term interests. As participants were guided through the system maps they were asked to note areas where victim's safety could be enhanced or is being compromised and places for greater accountability and support for change for those who perpetrate DV. Participants were asked to look for opportunities to increase the efficacy of this response; and, listen for ways to engage the community of concerned others and allied professionals and systems. As they try to move beyond criticism to constructive reforms, participants were urged to think about ways to break down persistent barriers to fully realizing the legal protections afforded under the IDVA and the rehabilitative opportunities for abusers; also ways to decrease recidivism and increase positive support to everyone involved.

# Domestic Violence Court

- The pathways in are not always by choice
- Court response varies by police involvement, victims desire to prosecute or not
- Emergency or crisis needs
- Long term legal relief needs
- Prior negative or positive experiences

To approach this review from a victim's pathway perspective, it was necessary to point out that this pathway is not always taken by choice. For example, criminal charges, DCFS court involvement, and/or being sued for a divorce can bring contact with the legal system which was not voluntarily sought by a victim. Court response varies by whether or not there was police involvement and also whether a victim desires to prosecute or not. There are different laws and responses to a victim's emergency or crisis needs and the long term legal relief needed. A victim's pathway into the legal system can be influenced by her assessment of a crisis need or a need for permanent relief from the legal system. Whether and how a victim approaches these systems is of course influenced by prior negative or positive experiences with these systems.

Map Figure 1



The following maps track the various paths that a victim can take into the system and how the response varies to key factors within a victim's individual domestic violence experience.

The victim (represented by **RED**) can initiate contact with the system although in some circumstances the incident itself brings a response which was not initiated by the victim herself. However to begin the map of victim pathways and trails through the legal system, the presentation demonstrated that a victim frequently discloses to family, friends, employers, faith leaders, school and day care providers, or concerned others.<sup>6</sup> These people (represented by **BROWN**) may offer advice and support and sometimes a referral which continues on the **Brown** path on the map. (See Map Figure 1) These concerned others may call a DV agency hotline (**PURPLE**) which will link to that agency's shelter or counseling, legal advocacy or legal services depending on that agency's program offerings. Other "concerned others" will call or encourage the victim to call the City's 24 hour DV Help Line. The Help Line staff answered more than 25,000 calls in 2008. In 2009 the calls increased by 22%. As noted in previous sessions, family and friends refer more frequently to the Help Line than does health, court, employer, and school and social service providers. Also

advocacy or legal services depending on that agency's program offerings. Other "concerned others" will call or encourage the victim to call the City's 24 hour DV Help Line. The Help Line staff answered more than 25,000 calls in 2008. In 2009 the calls increased by 22%. As noted in previous sessions, family and friends refer more frequently to the Help Line than does health, court, employer, and school and social service providers. Also

<sup>6</sup> Session One data and narrative illustrates the significant referrals by concerned others.

as previously noted, the Help Line connects to these same DV agency resources and nearly 20% of the victim service requests are for legal advocacy or legal service. More victims receive legal advocacy services from DV providers funded by the State and City than any other type of service. Remember as reported in the 2007 *Assessment*<sup>7</sup>, there are only 57 full time legal advocates and 37 part time in 37 agencies off site and on site at the court house. (44 are community based with 13 or 14 located on site at the DV court house.)

The Help Line referral is part of the response protocol of police. As reported previously 63% of victims calling the Help Line report being referred by police. Because of language capacity the Help Line can connect many victims who might otherwise not get connected or informed about legal pathways to safety.

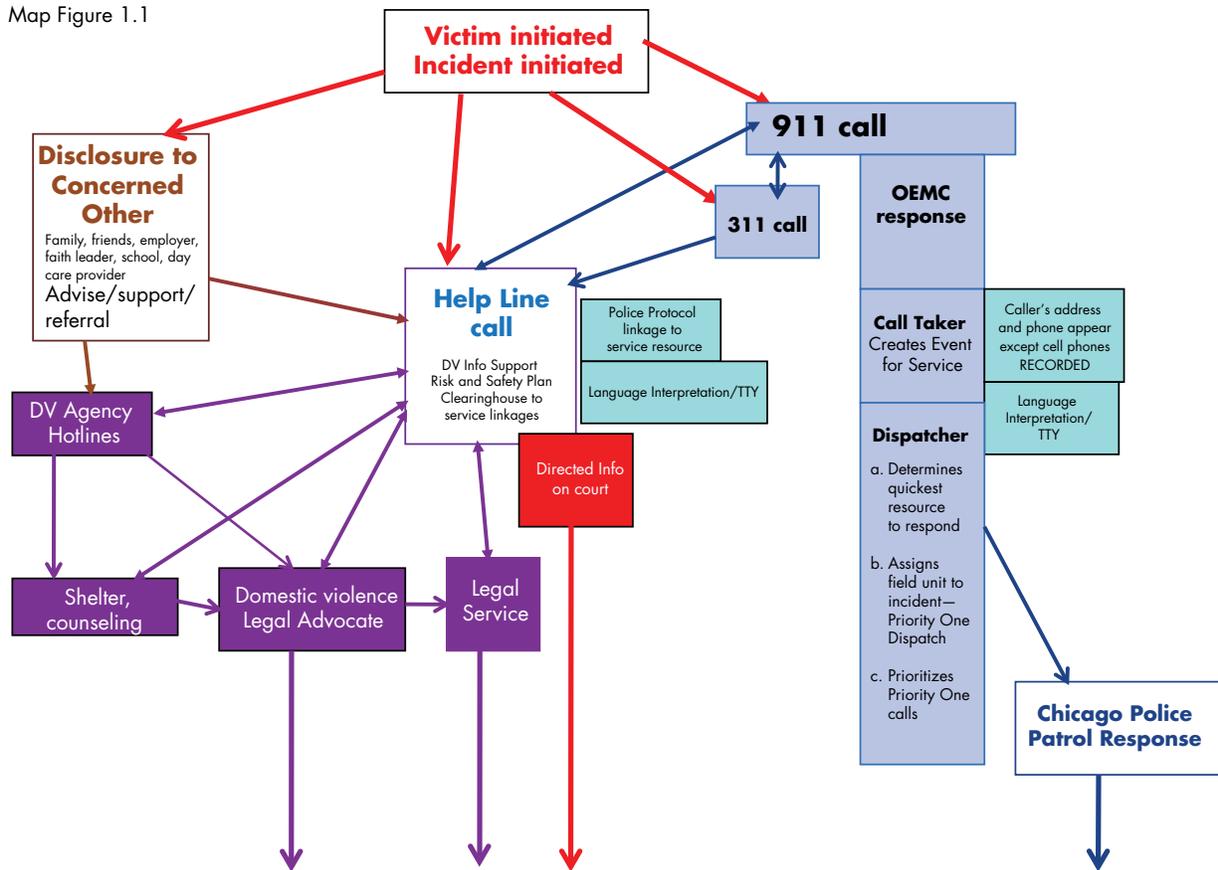
Many victims contact the Help Line directly (2nd **RED** path) and all callers are informed about the DV court and OP relief by Help Line staff and linked to DV providers who provide legal advocacy and legal services should that be what the victim wants. Those victims who connect to the next step along their path assisted by a victim advocate continue on the **PURPLE** line. Some callers use the information regarding their options and approach the police or lawyers or the courthouse directly. Their path continues as a **RED** line.

The Help Line and the network of victim service providers together serve as one of the major front doors (or gateways) to the Legal Help System. **AQUA FILLED** boxes reflect audit trail information which govern or influence how that service is constructed (policy, protocol, special features). As noted on Map 1 the Help Line is part of the police protocol response and has special features including language capacity and TTY access. The Help Line functions include safety planning, providing DV info, options and support, and confidential linkage to services utilizing a geographic and service need driven analysis. The Help Line outlined in **purple** and identified in **blue** font illustrates that it was developed under a key collaboration involving government and victim advocates.

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<sup>7</sup> Landis, (2007) *Assessment of the Current Response to Domestic Violence in Chicago*. Chicago, IL: City of Chicago, Mayor's Office on Domestic Violence. The full document can be found on the City of Chicago Department of Family & Support Services web site.

Map Figure 1.1



Other victims will take a different **RED** pathway by calling 9-1-1 directly (See Map figure 1.1).<sup>8</sup>

Again, it was noted that sometimes the victim did not initiate this call to 9-1-1, someone else did and then her involvement may not be voluntary. When OEMC (**LIGHT BLUE BOXES**) is called a call taker creates an Event for Service. The callers address and phone appears and the calls are recorded (**AQUA**). There is non-English language interpretation and TTY access. The call then goes to a dispatcher who determines the quickest resource to respond and assigns a field unit to the call. DV incidents are dispatched as Priority One calls. When there are numerous Priority One calls the dispatcher assists in prioritizing. Of course many calls for service to 9-1-1 result in a Chicago Police Patrol Response (represented by the **BLUE AND WHITE BOX AND BLUE LINE** on the map).

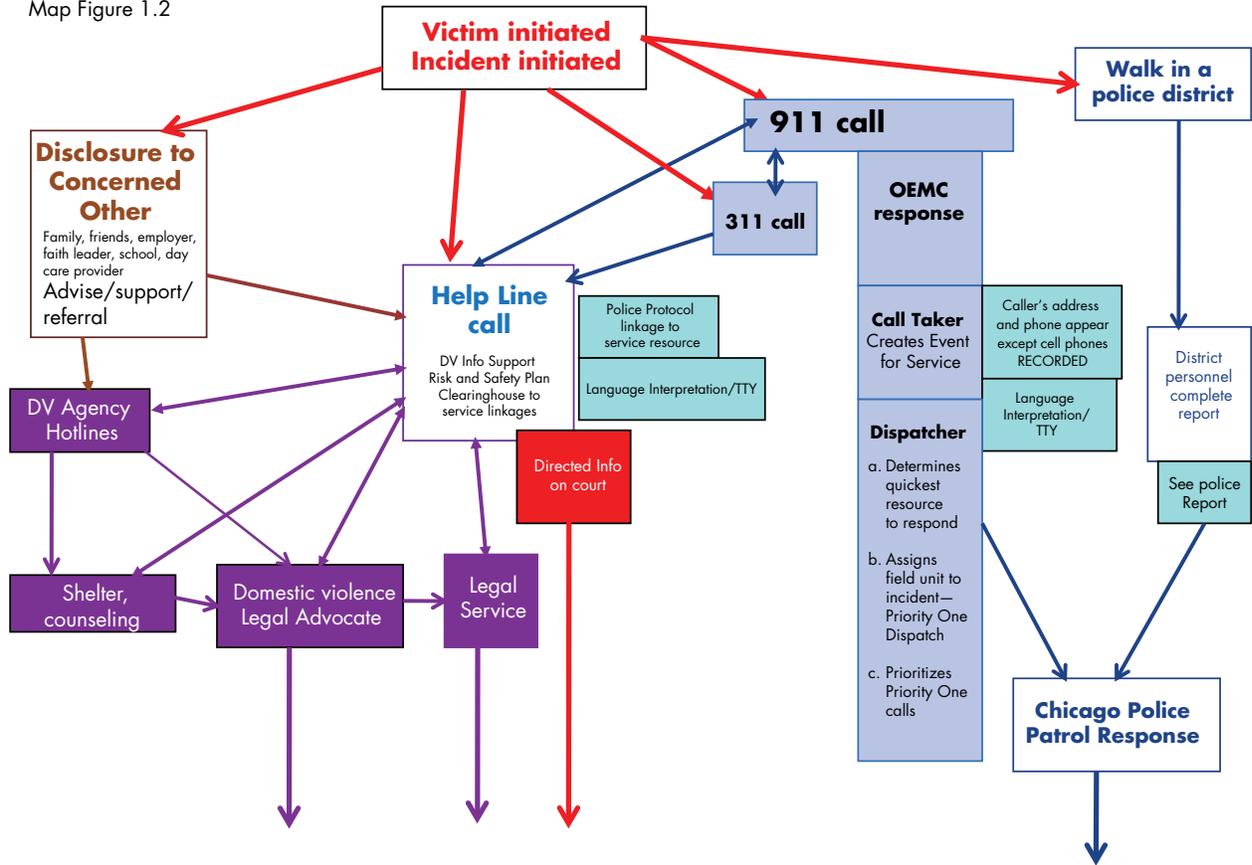
Some 9-1-1 calls may get linked to 3-1-1 as non-emergency service calls. There are victims who may call the 3-1-1 number directly. Both 3-1-1 and 9-1-1 refer callers to the Help Line or accept Help Line transfers of callers when an emergency response is necessary<sup>9</sup> (represented by two way arrow paths dictated by the Chicago Response Protocol<sup>10</sup>).

<sup>8</sup> Geographic call distribution information is reflected on Call Event Map in the Session One section.

<sup>9</sup> In 2009, the Help Line linked callers directly to 9-1-1 a total of 21 time; linked to 3-1-1, 471 times to facilitate callers in making a police report in non-emergency situations in addition to callers who needed homeless services.

<sup>10</sup> Chicago Response Protocol is a cooperative protocol of the Chicago Police Department, Cook County State's Attorney's Office and the Mayor's Office on Domestic Violence released in the late '90's.

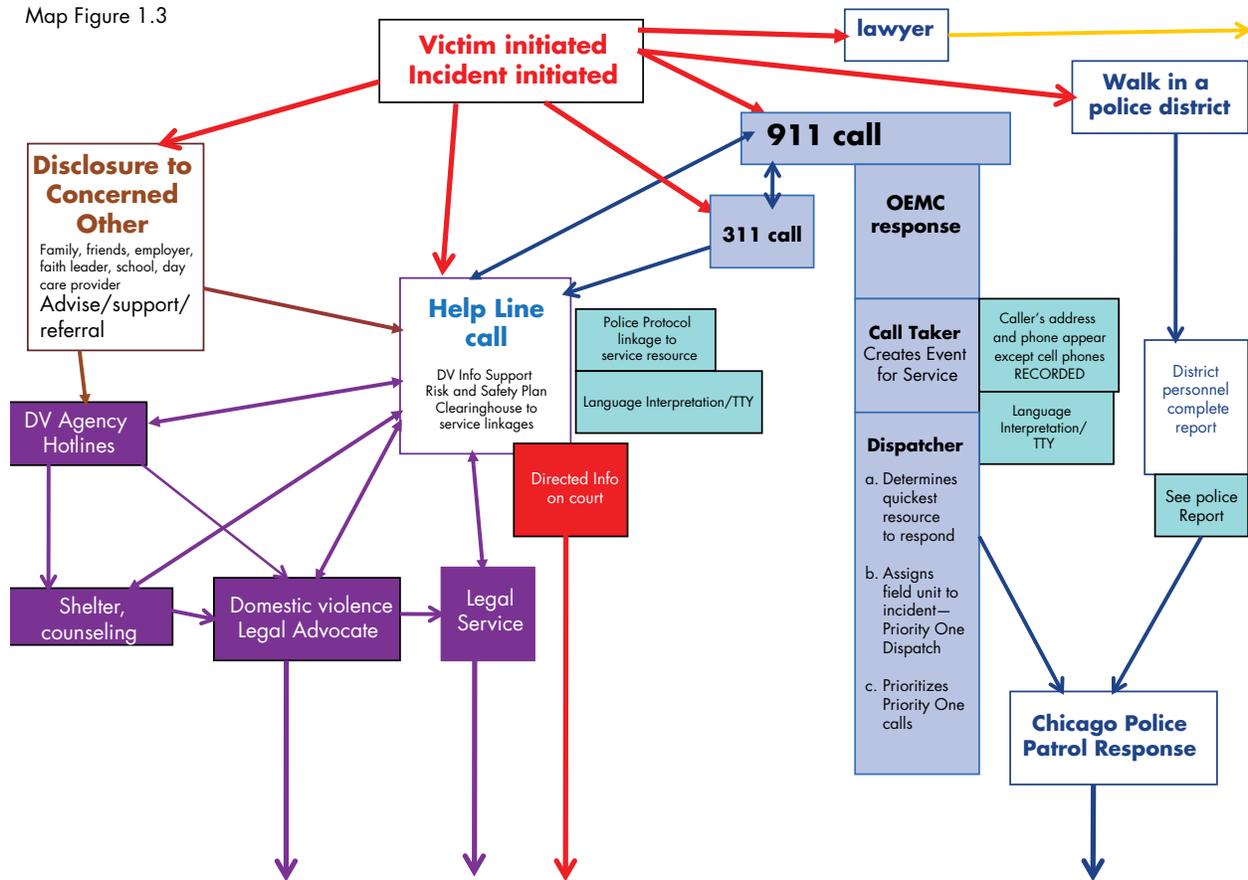
Map Figure 1.2



Still other victims may walk in a police district to seek some assistance following an incident(s) (Map Figure 1.2). Yet another possible **RED** path for a victim. Commander Martin verified and further informed participants that police protocol requires that district personnel complete a police report when requested by a victim who may walk into a station.<sup>11</sup> Once a report is filed at the district level the path leads forward within the CPD response protocol (represented by the Blue path line).

<sup>11</sup> If instead of walking into the station the victim calls the station her call will be directed to the Alternate Response program for the RD # (police report).

Map Figure 1.3



Other victims may opt to go directly to a lawyer for assistance with gaining help from the legal system (**RED LINE**) (Map Figure 1.3). Often private lawyers move victims into civil court (represented by **YELLOW LINE**). Some lawyers may help a victim move seemingly dangerous cases into the criminal justice system. The strategy of timing and filing legal action is a vital service offered by critical specialized legal representation. Obtaining an OP pro se or sometimes even with the assistance of a non-lawyer legal advocate when the victim's priority is permanent separation/divorce can sometimes complicate subsequent actions which might have been better served with a different approach. Legal services obviously represent a vital victim doorway to safety measures which are derived from the Legal Help System.

Moving forward from the **BLUE AND WHITE BOX** representing the Chicago Police Response on Map Figure 1.3 the presentation shifts to a second series of map figures.



These police reports are filed at the district level and reviewed by the Domestic Violence Liaison Officer (DVLO).<sup>13</sup> The DVLO in each district is looking for repeat households or cases that should be highlighted for attention as well as areas requiring updates or refresher training at the district level.<sup>14</sup>

The reports are reviewed at the CPD Area level and assigned to Bureau of Investigative Services to the Special Victims Unit Detectives.<sup>15</sup> The detectives check for previous history of DV. The victim's police report is either handled as a Summary Investigation or a Field Investigation. As noted on the Map 2.1, Field Investigations are mandatory for reports involving Stalking; VOOBs; Intimidations; Aggravated Battery; dangerous weapons; previous reports involving same victim and offender (AQUA). Under a Summary Investigation the victim is called and offered advice about how to seek an Order of Protection (OP) plus a letter is also sent to the victim providing the same information. In a Field Investigation the detective must contact the victim and verify the report. Commander Martin indicated that this response is dictated by the CPD protocol.<sup>16</sup> Field investigation should also include informing the victim about OPs and providing the victim a DIN. In some cases a Field Investigation will result in a Special Alert or an arrest warrant. If the abuser is arrested the arrest procedures are the same as with those arrested at the scene of the DV incident illustrated on the next Map (2.2).

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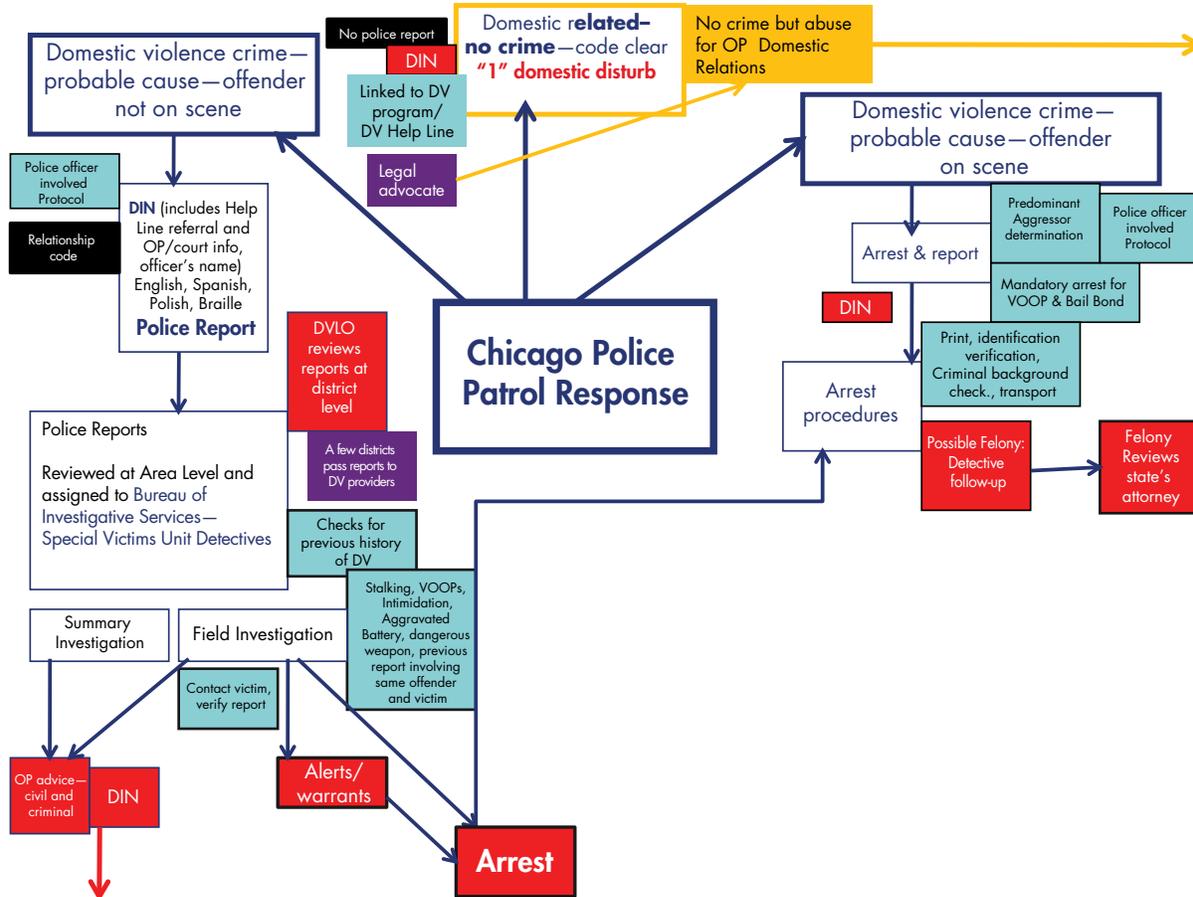
<sup>13</sup> Within each of the 25 police districts there is a Domestic Violence Liaison Officer (DVLO). The role of the DVLO is designed to facilitate police/community DV partnerships and problem solving at the district level. Working out of the Community Policing Office the DVLO is available for guidance and direction to the field officers if problems arise. By actively engaging the community and serving as a district-based resource to field officers and the community, the DVLO is a key to coordinated police/community response.

<sup>14</sup> In several police districts the district personnel make more direct connection with a DV advocate from a service provider so that further outreach can be made to the victim without her formal request or initiation.

<sup>15</sup> The Detective Division is responsible for the conduct of all DV investigations in the Area. Each police Area includes five districts.

<sup>16</sup> During Q+A many participants questioned whether every victim where there has been a police report filed that fits those crimes was contacted by a detective.

Map Figure 2.2



The third **BLUE** line from police response to a call for service reflects the fact that an officer responded and found probable cause for arrest on a DV crime and the offender is on scene (Map figure 2.2). The officer makes the arrest and completes a report. The victim is provided with the DIN. In order to make the arrest officers have been trained in making a predominant aggressor determination. If the officer is responding to a call in which allegations involve police personnel there is an additional protocol which involves required levels of notification and responses within CPD policy. Also most arrests are undertaken with the concurrence of the victim (under stressful, dangerous circumstances). Fear in the moment may result in concurrence in an effort to get the violence or abuse to just stop then. However, CPD policy does mandate arrest for VOOP and violations of bail bond 72 hour stay away provisions.

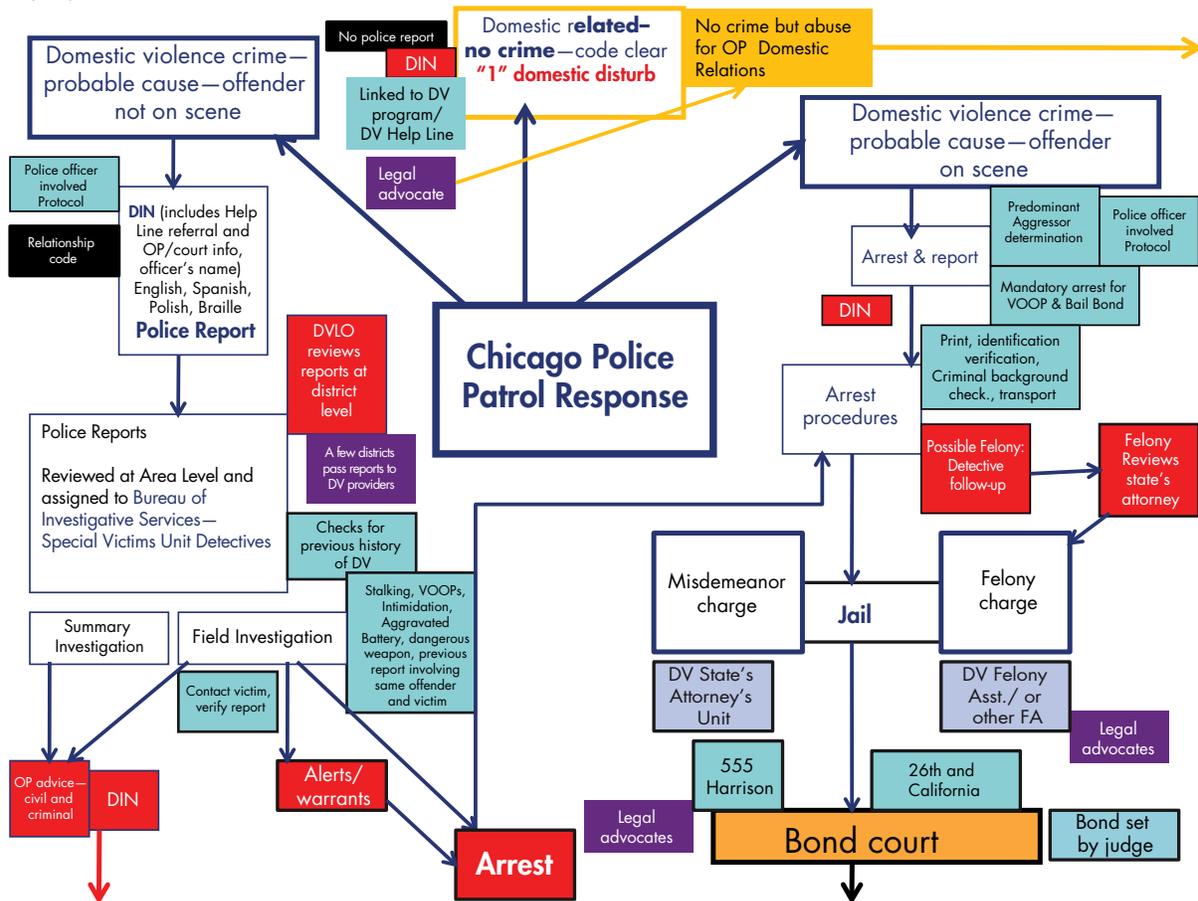
Commander Martin explained that probable cause exists when facts and circumstances are sufficient to lead a reasonable person to believe that a crime is or has occurred. She also pointed out that officers are trained in the policy and protocol of response to DV cases. She noted that all police response is governed by general orders and training. (Again **AQUA FILLED** boxes represent policy, protocol, special features.)

Prior Summit sessions reported the fact that the 2008 arrests for Domestic Battery alone were 9,556 or 4.9% of all arrests. In 2008, arrests declined for Domestic Batteries by 6.1%, by 50% for Aggravated Domestic Batteries, and by 12% for YOOPs. Also notable was the fact that in 2008 there were a total of 37 DV murders (11 fewer than 07).

Questions were raised by participants about this decline and whether it illustrated a true decline in incidents of DV or a varying response from prior years.

Arrest procedures dictate that the alleged offender be finger printed, verified identification and had his criminal background check run followed by transport to jail. However part of the criminal background check may lead to a possible felony detective follow up. If there is a possible felony involved then there will be a call to the State’s Attorney’s Felony Review. There are 4 DV/sexual assault felony review Assistant State’s Attorneys who are available to facilitate the felony review process. These assistants are trained to meet the needs, sensitivities and concerns of victims. The Felony Review map boxes are **RED** because there were key victim safety and self determination challenges identified during the discussion and feedback from participants regarding the felony review process.

Map Figure 2.3



Once an abuser has been arrested he is processed to lock up/jail either charged with a misdemeanor or felony charge (Map Figure 2.3). The victim’s path or her case path leads her to the DV State’s Attorney’s unit for misdemeanor cases at 555 West Harrison (DV Courthouse) or to the DV Felony Assistant or other felony prosecutor at 26th and California court. The misdemeanor staff includes 17 Assistant States Attorneys.<sup>17</sup> There are 3 trial assistants who handle many of the felony DV cases. The 2nd and 3rd chairs carry a caseload of between 30-40 cases and handle all domestic related felonies except murders. These felony trial assistants pick up the

<sup>17</sup> One on a rotating basis every day there are three ASA per criminal court room, two to the screening department and one to the bond and preliminary felony hearing courtrooms.

cases just after the preliminary hearing (often at 555 W. Harrison) through its completion at 26th and California criminal courts building. Paul Pavlus, Deputy Supervisor of the Domestic Violence Division of the Cook County State's Attorney's Office, indicated that the unit illustrates a solid commitment of the State's Attorney's Office to the prosecution of both misdemeanor and felony DV cases. He discussed some of the training that is provided to the unit assistants and the supervisory role provided by key positions within the office dedicated to DV and Sexual Assault cases.

The presentation moved the victim's case from arrest and lock up to bond court (illustrated as **GOLD**). If the case is charged as a felony or a misdemeanor arrest occurs over the week end the bond court hearing will take place at the 26th and California court house. In felony cases sometimes the DV felony assistants will make a link with identified DV legal advocates who have some additional training and expertise regarding advocacy on a felony case (**PURPLE**). At the victim's request and appearance in felony court the ASA may seek an OP for the victim at the felony preliminary hearing which takes place at DV court on Harrison. The ASA assigned to TAC<sup>18</sup> or another misdemeanor ASA will handle that hearing before the case is transferred to felony court at 26th and California where it is assigned to a felony ASA. If a felony upgrade is being sought on a misdemeanor charge at the Harrison DV court, sometimes the victim is assisted in getting a civil OP to ensure a degree of safety while the criminal case investigative work takes place for possible felony upgrade or charging.

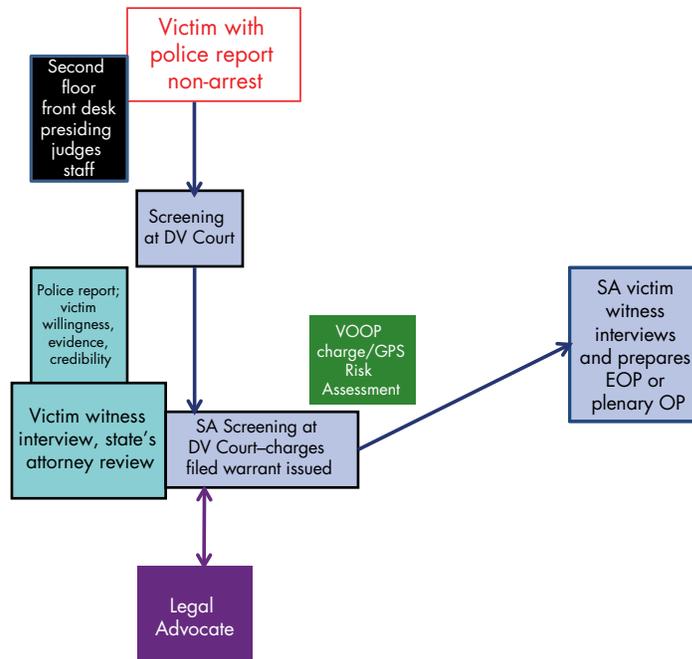
In misdemeanor cases the victim may have connected with a DV legal advocate prior to coming into the bond hearing and may decide to appear at the bond hearing even though it is not required. Sometimes the victim is aware of the bond hearing time from others and goes to the hearing where she can be linked to a DV advocate housed at the courthouse (Hull House or Family Rescue-**PURPLE**). More often than not the victim does not attend the bond hearing.

In domestic violence cases bond must be set by judge. There is no opportunity for station release. Because the law requires that bond be set by a judge there may be a period of time to reach those charged while they are being held offering an opportunity for accountability and recognition that help might be necessary. Participant discussion and feedback illustrated the need to review how abusers are gaining information about the charges and without self incrimination might be able to gain assistance to address their behavior.

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<sup>18</sup> Target Abuser Call described on page 3 of Session Two

As the victim moves forward in the court process she approaches the court house under three circumstances illustrated in the next set of map figures.

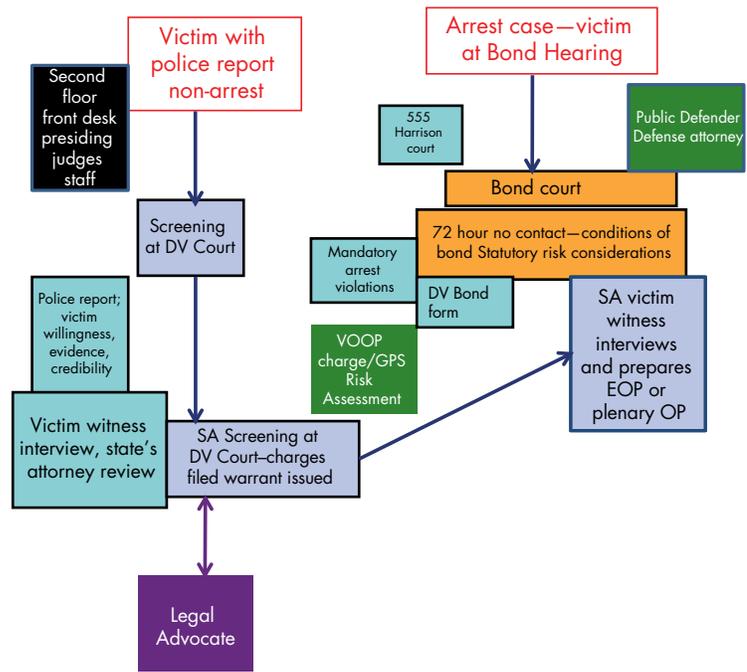
Map Figure 3



A victim (**RED**) can walk into the door at the DV court house on Harrison in possession of a **police report where there had not been an arrest** (Map figure 3). After getting through security at the court house these victims are directed or find their way to a Help Desk in a Victim Screening area to the right of the entrance on the first floor. In the screening area there is a front desk staffed by two employees of the Chief Judge's Office. If the victim has a police report she is screened by the State's Attorney's office (represented by **BLUE BOX**). Paul Pavlus (SA) confirmed the office policy that all victims who have a police report should be screened in order to ensure that serious cases are not diverted from criminal court due to fear or misinformation that may have been received by the victim. However Paul noted that ASAs and/or victim witness personnel conduct an interview with the victim in order to ensure that there is a domestic relationship and basis for a criminal charge. The ASA relies on the police report, the victim's desire or willingness to prosecute, her credibility and other evidence in deciding whether to initiate criminal charges. ASAs will also refer to a DV advocate for the benefit of some victims. On an average day there are 30 to 40 victims who go through screening. If charges are approved, the case is sent to a courtroom where emergency OPs are requested in conjunction with the filing of the criminal charge. The ASA will either ask for a warrant or a summons to be issued with a warrant sought in the majority of cases.

The victim will proceed to get an Emergency (ex-parte) OP the same day that charges are filed. At this point some victims are referred to the Hull House or Family Rescue Advocates. A few may already have the assistance of these or other DV service agency DV advocates who have helped to ensure that charges were filed and that the victim's needs are identified for the completion of her petition for an OP. The *Assessment* concluded that Hull House or a Family Rescue advocates combined serve approximately 10-12% of victims who come into the court house. Far more victims do not have benefit of an advocate than do.

Map Figure 3.1

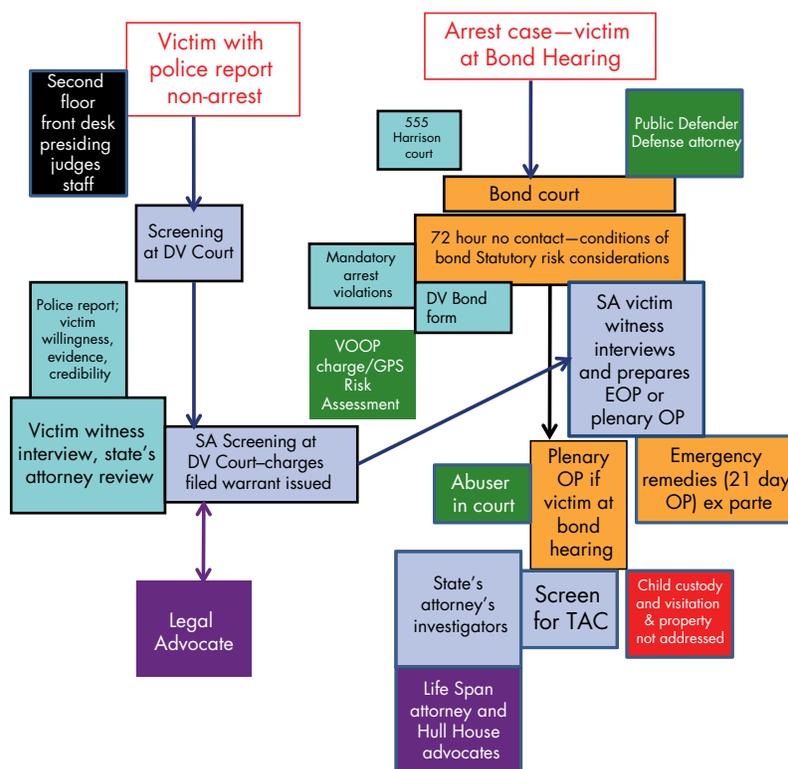


Other victims (**RED**) come to the bond court following an **arrest** of the abuser (Map figure 3.1). At the bond court the abuser/defendant has an opportunity to talk with the Public Defender or other defense attorney (represented by **GREEN**). This contact with the abuser provides an opportunity for a degree of risk assessment and offer of supportive services. Because there is an attorney/client relationship the abuser can be encouraged to get the help he may need without fear of self incrimination.

At the bond hearing there are special conditions of bond which are dictated by statute. These conditions include no contact with the victim for 72 hours. There are additional risk considerations for setting bond dictated by statute.<sup>19</sup> Violations of the 72 hour no contact special conditions of bond can be charged as a new crime. These conditions and the consequences of violating them are reflected on a required Bond Form used in DV offenses (**AQUA**). Chicago Police Department policy requires mandatory arrest for these violations of special conditions of bond (**AQUA**). The Bischoff law that went into effect in January 2009 also calls for judges to consider ordering risk assessment evaluations on all defendants charged with a Violation of Order of Protection (VOOP) and to consider ordering a defendant to wear a GPS device as a condition of bond (represented by **GREEN** as an opportunity to reach the abuser).

.....  
<sup>19</sup> Bond statute cite 725 ILCS 5/110-10

Map Figure 3.2

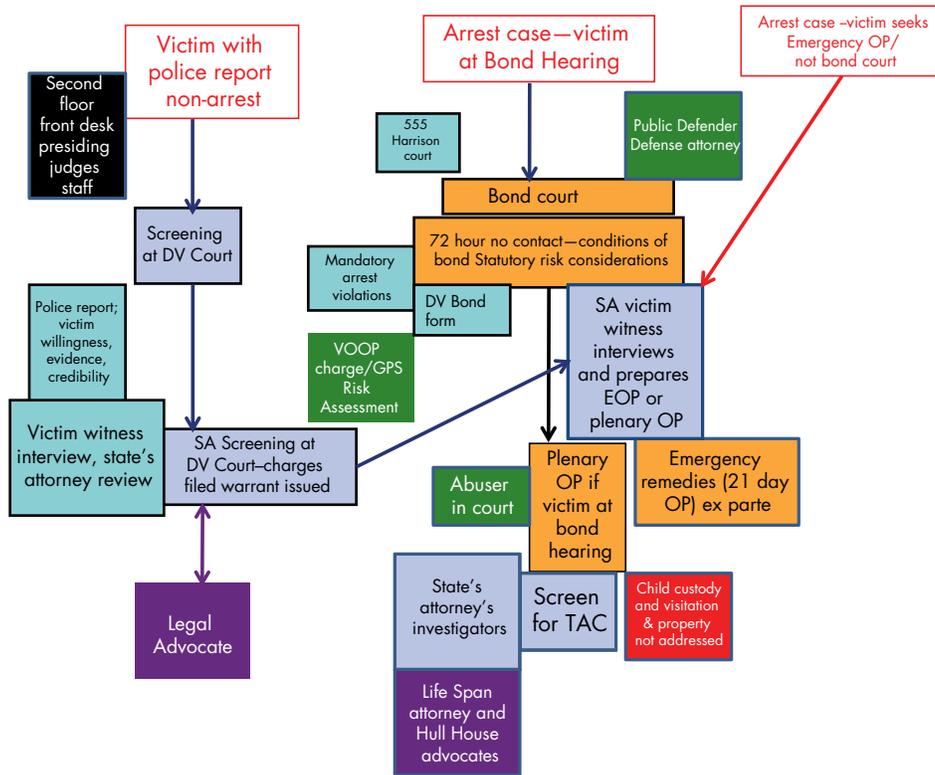


If the victim is in bond court because the abuser is also in court (represented by **GREEN**) the judge can enter a plenary OP if it is requested by the ASA on behalf of a victim and the standard of proof is met (**GOLD**) (map figure 3.2). Paul pointed out that Public Defenders are counseling defendants as many of them agree to a plenary order of protection which lasts for the pendency of the criminal case. If no agreement on an OP can be reached the judge can enter an OP for up to 21 days. In either case it was noted in **RED** that a victim's need to address child custody & visitation and/or property issues are not addressed in the orders of protection being issued by the criminal courts. The full measure of the remedies afforded a petitioner when seeking an OP under the IDVA is not being realized.

At this point and sometimes earlier during screening there may be additional review of a victim's case for acceptance as a TAC case (**BLUE BOX**).<sup>20</sup> In 2009 there were 985 TAC case. TAC cases have benefit of State's Attorney's office investigators, Hull House TAC advocates and a civil lawyer from Life Span (**PURPLE**).

<sup>20</sup> TAC unit is described on page 3 of Summit Session Two narrative. In addition it should be noted that all TAC cases include the issuance of a subpoena to victims.

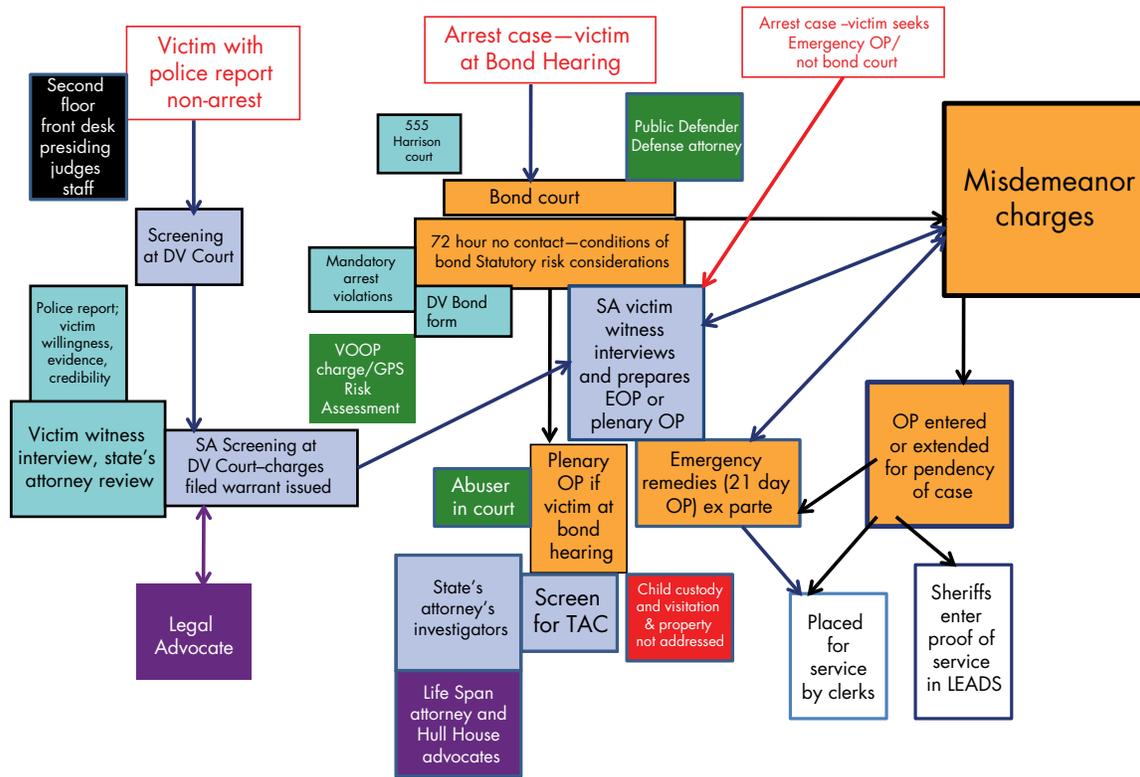
Map Figure 3.3



The victim (**RED**) may come into the court house **seeking an OP in an arrest cases** not on the date of the Bond Hearing (Map Figure 3.3). That victim will be seen by State's Attorney's Office personnel and they will prepare the petition and order of protection. Those Emergency OPs (EOPs) are heard before the judge who will be assigned on the misdemeanor case based on the courtroom assignment which follows a geographic spread to ensure that all police cases from one district are heard within one court room. The process from there is as already described.



Map Figure 3.5

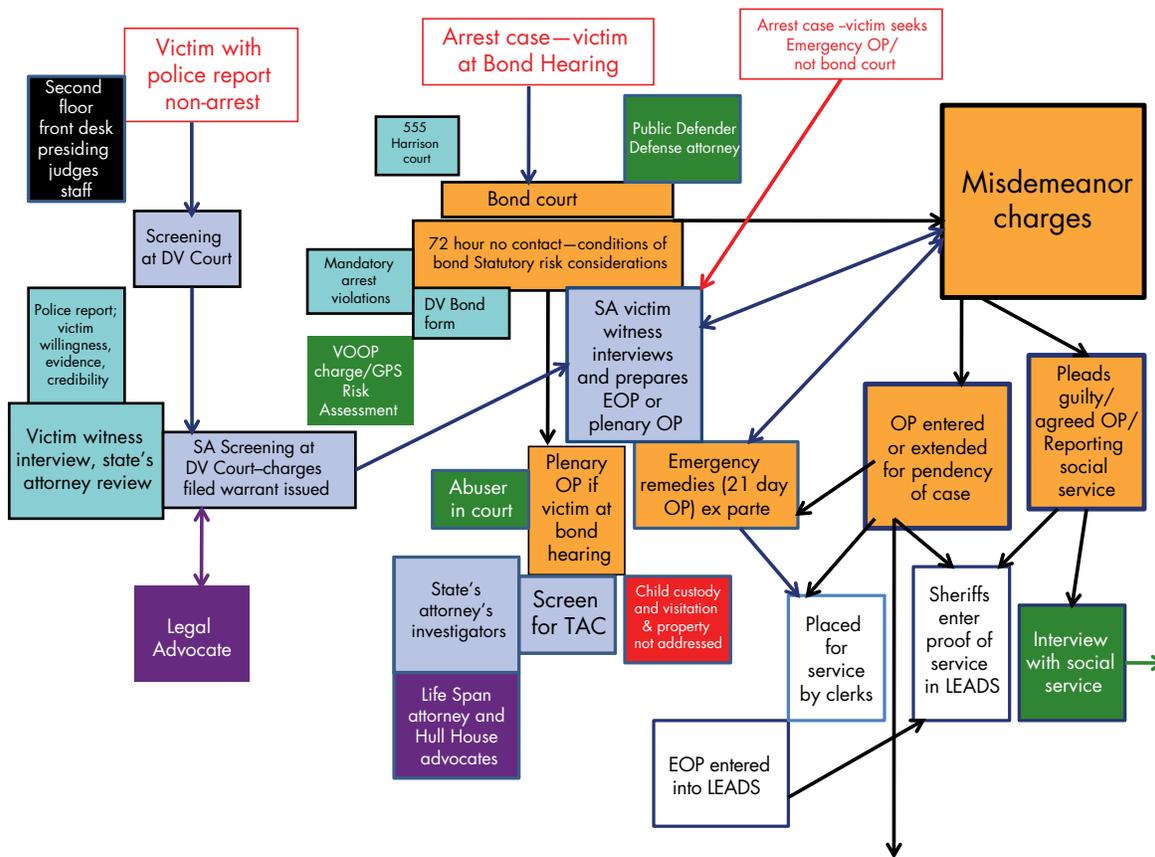


Both EOPs as well as plenary orders are placed for service by the clerk's office (Map figure 3.5). EOPs are entered into LEADS.<sup>21</sup> Sheriffs, who complete service, enter proof of service into LEADS. On any given day in Cook County, 20% of OPs in LEADS are not listed as having been served in LEADS.<sup>22</sup> This makes enforcement of violations harder to prove as abusers can claim they had no knowledge of the prohibited behavior under the OP conditions.

<sup>21</sup> Law Enforcement Automated Data System used to verify valid OP and service.

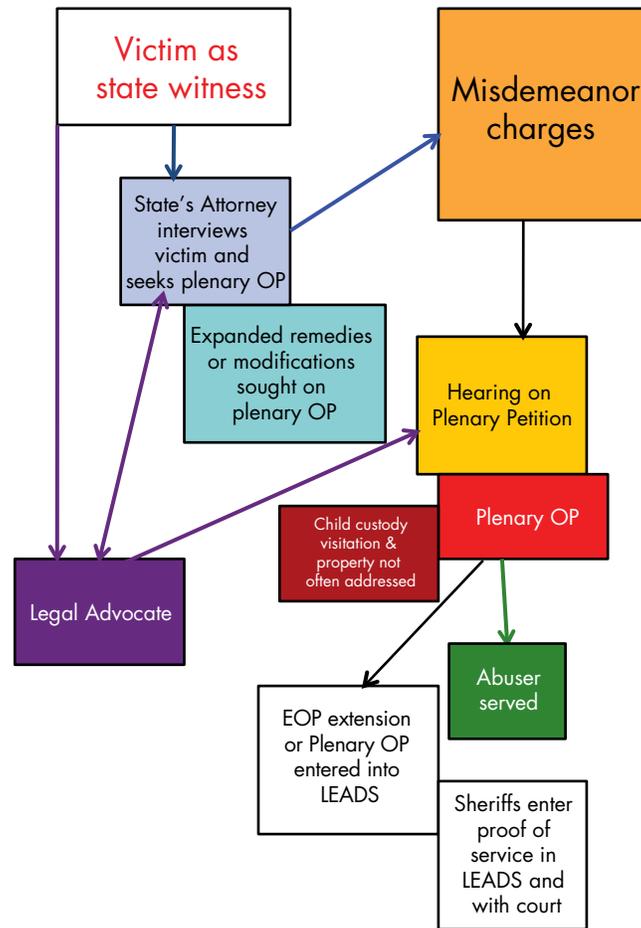
<sup>22</sup> October 23, 2009 Illinois Attorney General's DV Roundtable.

Map Figure 3.6



On the misdemeanor charges a defendant can plead guilty and agree to an OP (GOLD) (Map figure 3.6). If that takes place some of these abusers are ordered as a condition of their probation or conditional discharge sentence to report to the Circuit Court of Cook County Social Service Department to be interviewed for possible participation in abuser intervention program. Many sentenced abusers are seen that day by Social Service Department personnel or the abuser makes contact shortly after (GREEN).

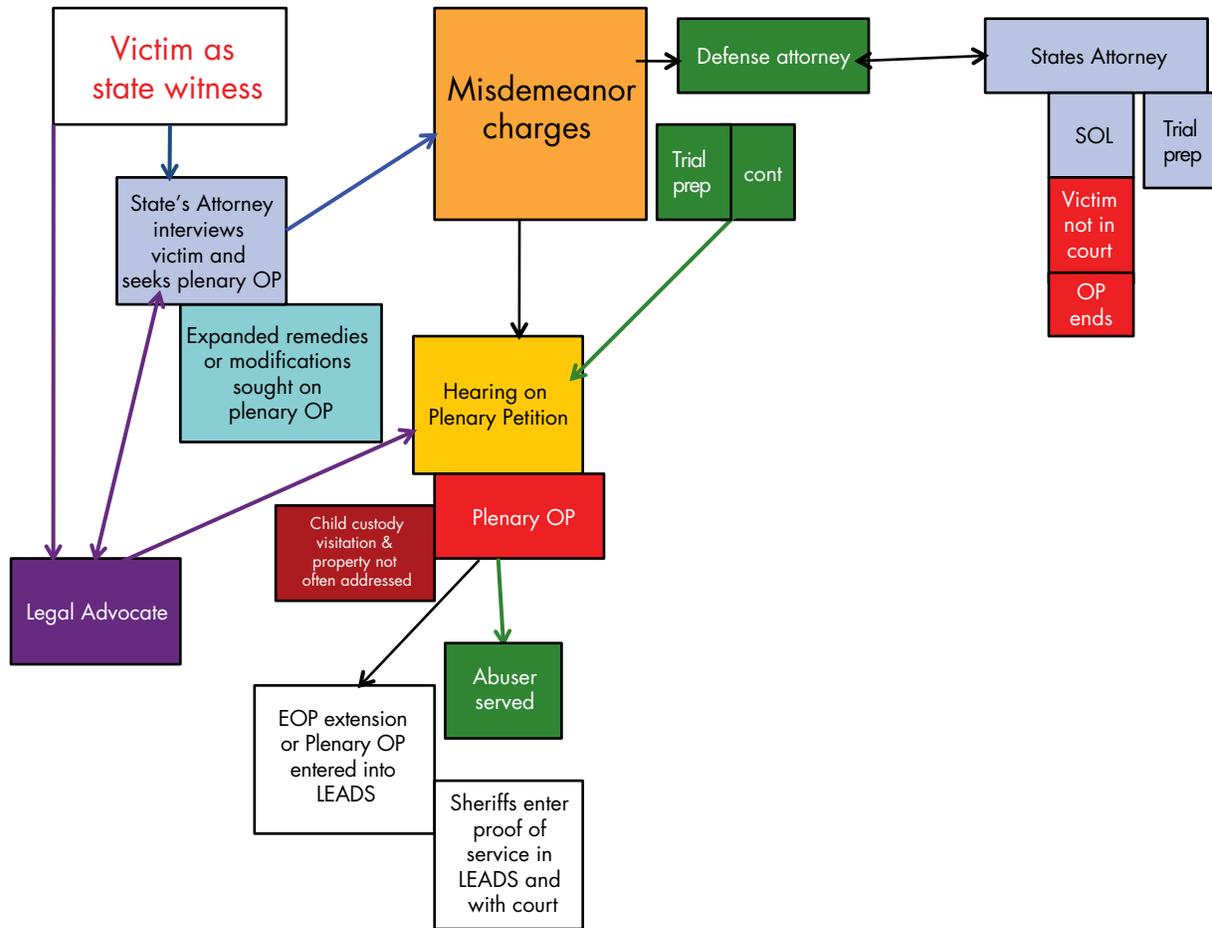
Map Figure 4



When the victim path brings her into the criminal justice system she becomes a witness in the states case (RED) (Map Figure 4). During the case she will be interviewed as already described by State’s Attorney personnel and the remedies she may require within her plenary OP are gathered from these interviews which are primarily geared toward determining the evidence and basis for the criminal case. During the course of a case the victim may seek to have the remedies in her OP expanded or modified or she may seek to have her EOP extended to a plenary one (AQUA). The victim may have made contact with a legal advocate before coming into the court or she may be linked or referred to one by the ASA handling the case (PURPLE). Those advocates will accompany the victim to the hearing on her OP which is attached to the misdemeanor DV case (YELLOW). Linda Strong-Sanford, Director for Family Rescue’s Court Advocacy Program pointed out the vital role that the legal advocates (both those housed at the court house as well as those who accompany victims from community based sites) play in supporting a victim through this process. Providing a victim with information and answers to questions she may have regarding the process and possible outcomes in her case facilitates not only the victim’s pursuit of safety through the court process, but also aids the legal system’s response to those victims. Unfortunately the need for legal advocacy service exceeds the current capacity. Also noted during the Summit discussion was the fact that there is no “triage of need” determination for receipt of legal advocacy services. Those victims who request it and find an available advocate receive those services. Questions were raised regarding the efficacy of offering these services in this manner without regard to the relative needs among the many victims who might benefit from advocacy. Of course those cases that were screened for TAC acceptance are guaranteed a TAC legal advocate.

When a victim obtains her plenary OP the box is **RED** because there is an opportunity to link that victim to the additional sources of support she may need to further enhance her safety. The victim's issues related to child custody & visitation as well as property issues are rarely if ever dealt with in the OP issued in a criminal case. Judge Murphy, Acting Supervising Judge at the Chicago Domestic Violence Courthouse informed participants that plenary orders are generally entered by agreement and last for the pendency of the misdemeanor criminal case. Because the abuser is present (**GREEN**), OPs are served in open court and then need to be entered into LEADS so proof of service is known for enforcement of violations. As already noted the clerks and sheriffs have responsibility for placement and execution of service and proof of service entry into LEADS.

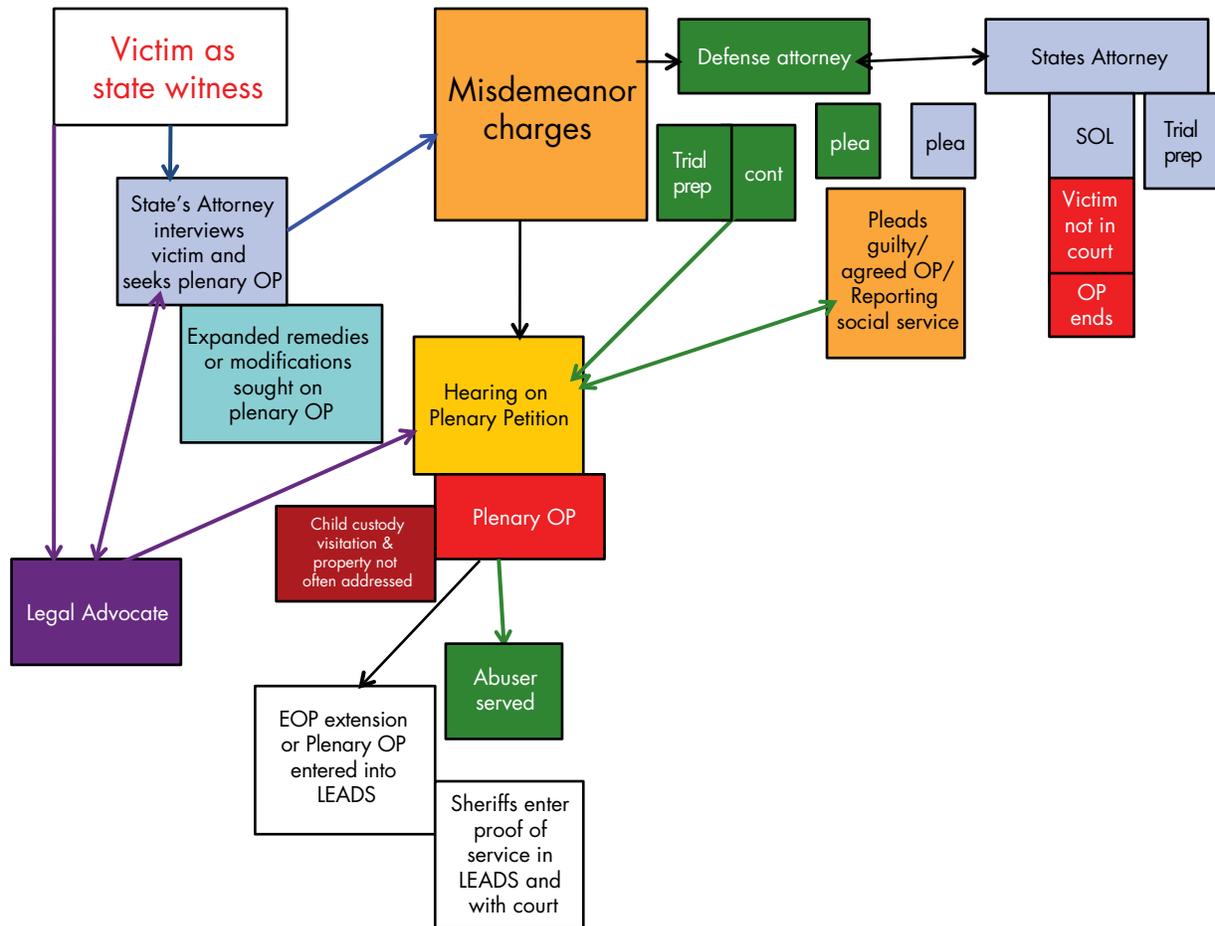
Map Figure 4.1



When the misdemeanor charges are heard generally speaking the abuser is represented by the public defender or a private defense attorney (**GREEN**) (Map figure 4.1). Frequently on the first date that the case is up the abuser/defendant seeks and gets a continuance in order to get an attorney if he is unrepresented. If an OP is in place it is generally extended until the next court date. The defense attorney will begin to negotiate with the Assistant State's Attorney handling the case (**BLUE**). Of course there is hearing and trial preparation work by both sides. If the victim (**RED**) does not appear at the court hearing often the case is SOLed and the OP will end (**RED** because this is a point of risk for the victim). Summit discussion included reflection on possible outreach to the victim. It was not clear who at that point was in the best or most appropriate position to reach out to this group of victims who never come back to court following the receipt of an EOP and the filing of criminal charges.

The discussion also included a call for review of whether these OPs could be transferred to a civil court prior to the criminal court case being SOLed in order for the OP not to lapse if there had been some communication with the victim who does not wish to cooperate with the criminal prosecution and is not being coerced to drop the charges but wants the OP to continue to remain in place.

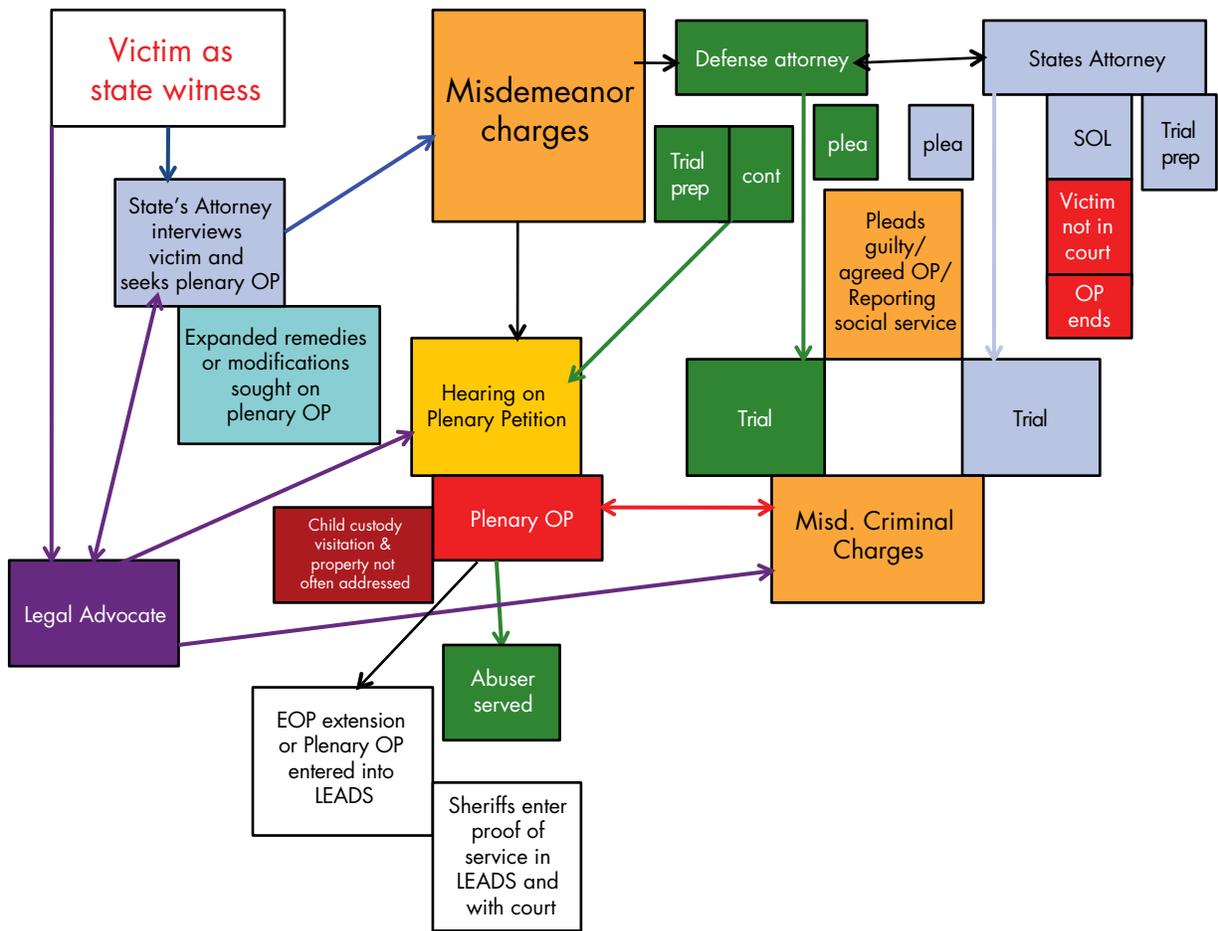
Map Figure 4.2



In some cases the abuser will plead guilty and agree to an OP with a conditional discharge or probation sentence which requires that the abuser/defendant report to social services (**GOLD**) (Map figure 4.2). Even in instances where the trial will be moving forward Judge Murphy reported during the discussion that often an OP is entered for the pendency of the criminal case.

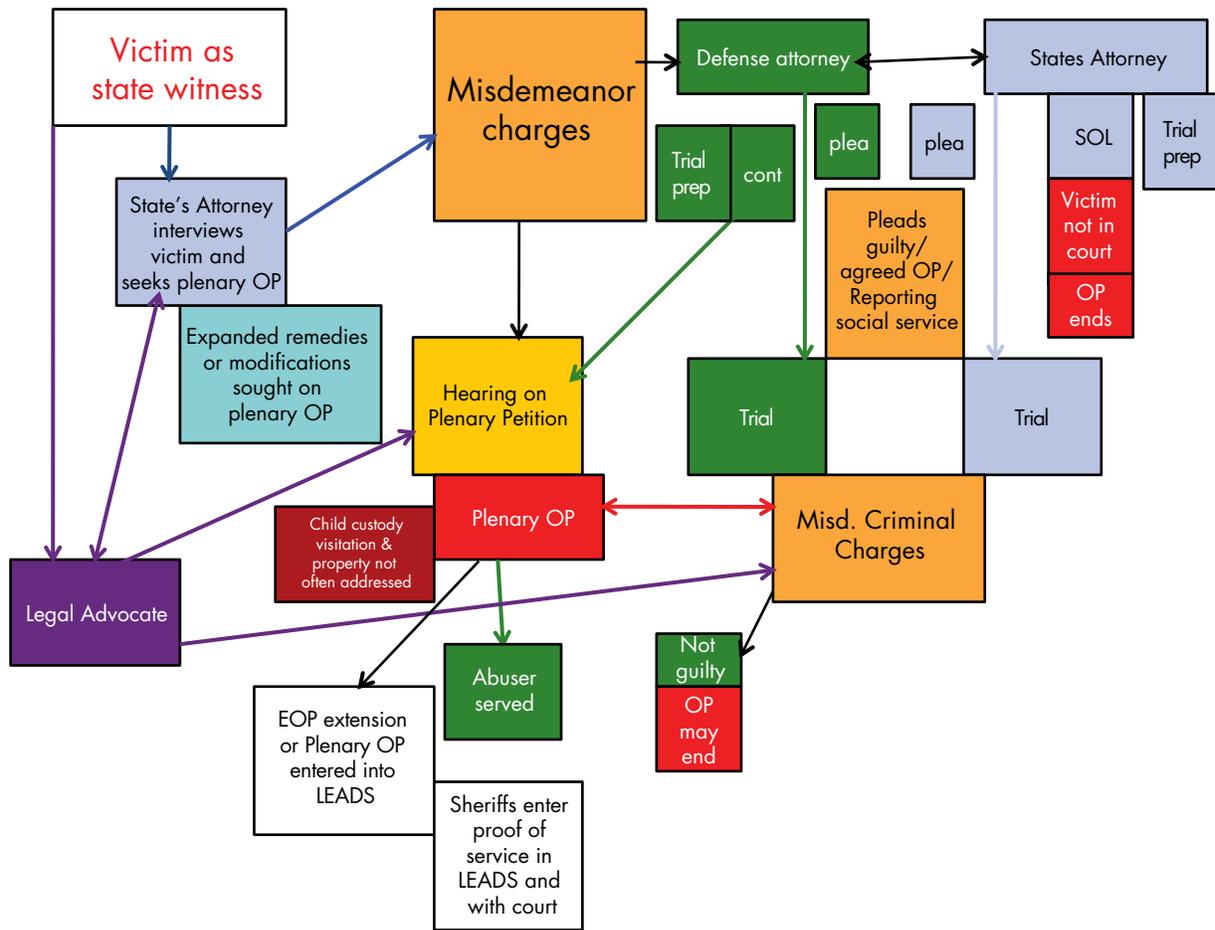
<sup>23</sup> Stricken on Leave to reinstate

Map Figure 4.3



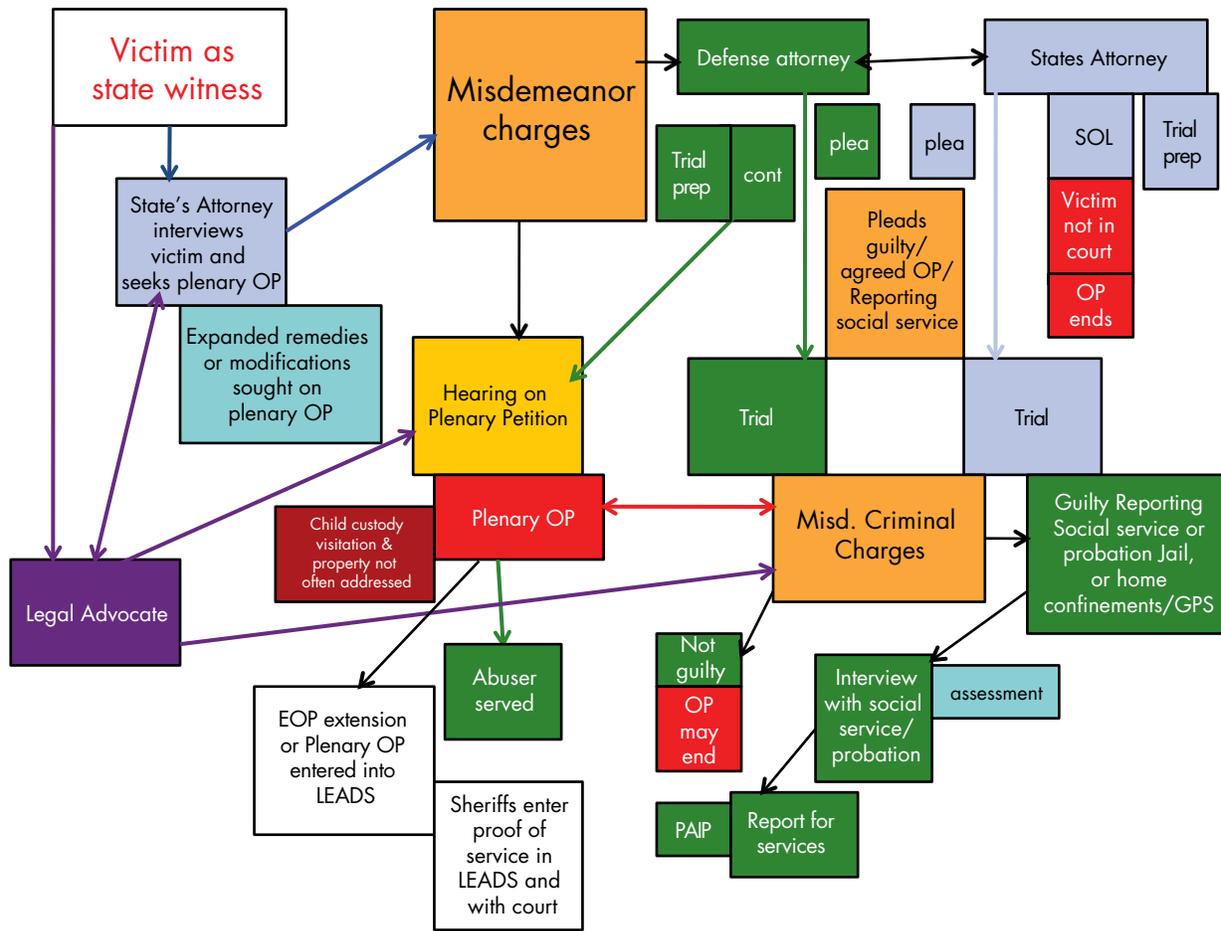
If no plea is entered the misdemeanor case moves forward to trial (Map Figure 4.3). The case is often continued requiring the victim to return to court at a later date.

Map Figure 4.4



If as a result of the trial on the misdemeanor charges the abuser/defendant is found not guilty (**GREEN**) the OP may end (Map figure 4.4). This is represented by a **RED** box because the loss of the OP could represent a risk for the victim. If the OP had granted the victim exclusive possession of the home for example, the respondent on the OP (alleged abuser) will be able to return home should he choose to do so. The Summit discussion also included a call for review of whether these OPs could be transferred to a civil court prior to the criminal court entering a finding of not guilty. In order to make a finding of guilt, the criminal court must find beyond a reasonable doubt that the defendant committed the criminal behavior alleged. However the burden of proof applied to findings of abuse required for the judge to enter an OP is preponderance of the evidence which is not as high a standard of proof. Circumstances may exist for a judge to conclude that the OP burden could be met when the criminal burden of proof was not.

Map Figure 4.5



If as a result of the trial on the misdemeanor charges the abuser/defendant is found guilty (**GREEN**) most abusers are sentenced to conditional discharge or probation and ordered to report to social service for PAIP service (Map figure 4.5). Other abusers are sentenced to jail or home confinement sometimes with GPS. Some abusers are required to wear GPS as a condition of their sentence for VOOP.

For those abusers who are ordered to report to the Circuit Court of Cook County Department of Social Services or Probation many are interviewed the day they are sentenced by personnel housed at the DV courthouse on Harrison. Jesús Reyes, Director of the Social Service Department of the Circuit Court of Cook County and Acting Director of Adult Probation informed Summit participants that they conduct an assessment of the offender and assign a case to the appropriate resource for intervention services. The most dangerous cases are kept internally in the PAIP program provided in the Social Service Department while others are directed to community based PAIPs or BIPs as described in Summit Session One. The Social Service Department provides specialized supervision and group intervention to persons found guilty which complies with the standards set forth in the Illinois Protocol for Partner Abuse Intervention Programs. The inclusion of a specialized approach that focuses on ending violence and placing the safety and rights of victims at highest priority is required in order to be in compliance with the protocol. Individualized interventions requiring intensive reporting, and incorporating referrals to and collaboration with community agencies and service providers for such things as substance abuse or mental health treatment are developed. Frequent arrest checks allow case officers to respond promptly to any subsequent offense. Case officers also contact victims for assessment and intervention through

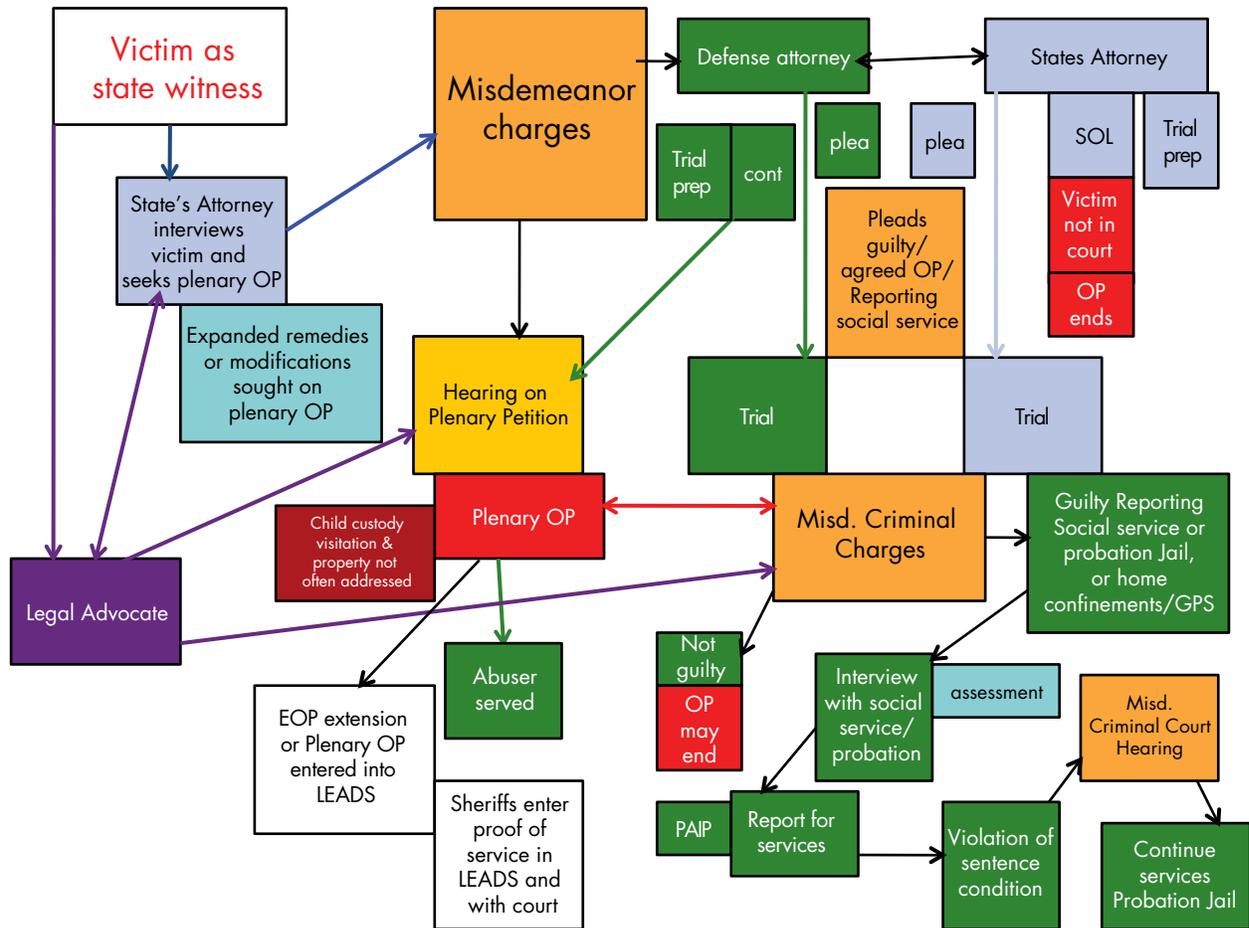
community-based resources. The intervention program includes group intervention of 30 hours over 15 weeks which allows for the recognition of alternative behavioral response and the acquisition of skills that promote healthy/non-violent interactions.<sup>24</sup>

The Adult Probation Department addresses those found guilty and sentenced to probation by requiring the abuser to report with greater frequency, attend intervention counseling, undergo drug testing and if necessary, attend substance abuse treatment. Also operating in compliance with the Illinois Protocol for Partner Abuse Intervention Programs the counseling interventions are provided under contract by one of the five community based protocol approved abuser treatment programs. Abusers are sentenced to a minimum of 12 months probation for an offense related to DV. In addition to standard probation conditions, these abusers must report with greater frequency than other probationers; complete a treatment readiness program, attend weekly group counseling for a minimum of 16 weeks, undergo substance abuse assessment and if deemed appropriate attend treatment and submit to random drug testing.

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<sup>24</sup> Completing an abuser intervention program reduced the odds of being re-arrested for domestic violence by 63% according to a February 2005 study of 31 community and court-housed programs for convicted male abusers. (Bennet, Stoops, Call & Flett, 2007)

Map Figure 4.6

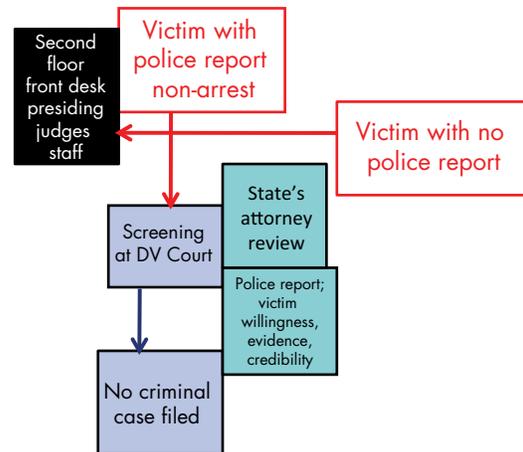


If there is a violation of the conditions of the sentence which can range from another arrest, a non-criminal violation of the order of protection, a failure to attend or complete interventions or other violations of specific conditions, the Social Service or probation personnel seek to violate the offender by requesting the State’s Attorney’s Office file a violation petition of a condition of probation or conditional discharge with the court (Map figure 4.6). Judge Murphy reported to participants that these violations are heard before the original sentencing judge unless that judge has been reassigned. Depending on the specific nature of the violations the offender is often ordered to continue the services originally ordered or the offender may have his probation or conditional discharge revoked and he is ordered to jail or home confinement.

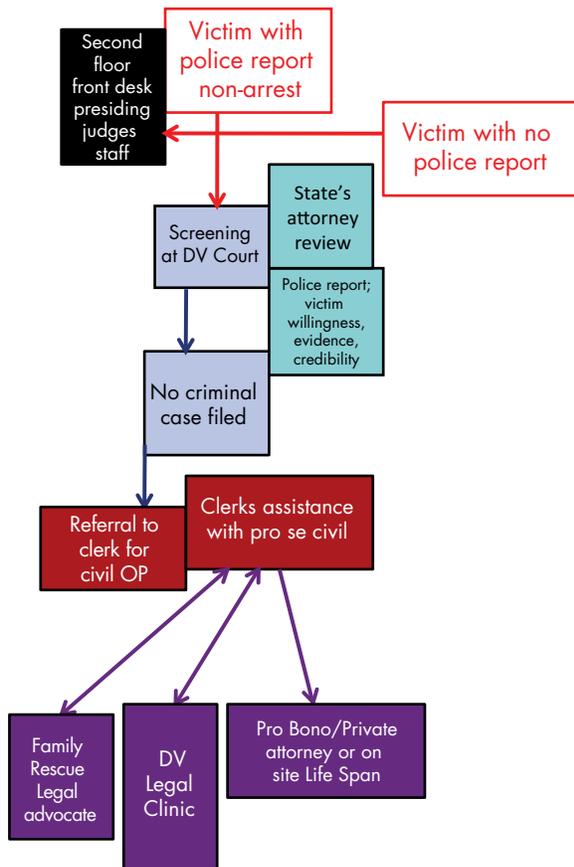
As noted previously the Harrison DV Court House also includes two civil independent OP courtrooms. There are several pathways for victims into those civil OP courtrooms. These are illustrated in the next series of Map Figures.

For some victims who come to the court house with a police report (Red) the screening process conducted by the State's Attorney's Office already described results in no criminal charge being filed (Map Figure 5).

Map Figure 5



Map Figure 5.1



Victims who have been screened resulting in no criminal charge being filed are referred to the Clerk's Office personnel housed in the first floor area which also houses the State's Attorney screening offices (Map figure 5.1). The Clerk's office has civil clerk personnel who assist victims who are pro se to petition the court for an EOP (**DARK RED BOXES**). Sometimes the clerk's office will refer to a Family Rescue Legal Advocate or they will encourage the victim to be screened for possible case acceptance by the DV Legal Clinic. Still other victims are linked to or meet an attorney that day who may be present and have offered to provide legal services on site (pro bono attorneys, Life Span attorneys or others). The Family Rescue Legal Advocate will assist the victim who is pro se in completing her petition for OP and they will accompany the victim into the civil court room where the petition will be heard. Some victims have made contact with these legal advocates or others who are employed in community based organizations not housed in the courthouse before coming into the building and they are directly assisted as pro se civil litigants. The same is true for DV Legal Clinic<sup>25</sup> and other specialized legal service providers.

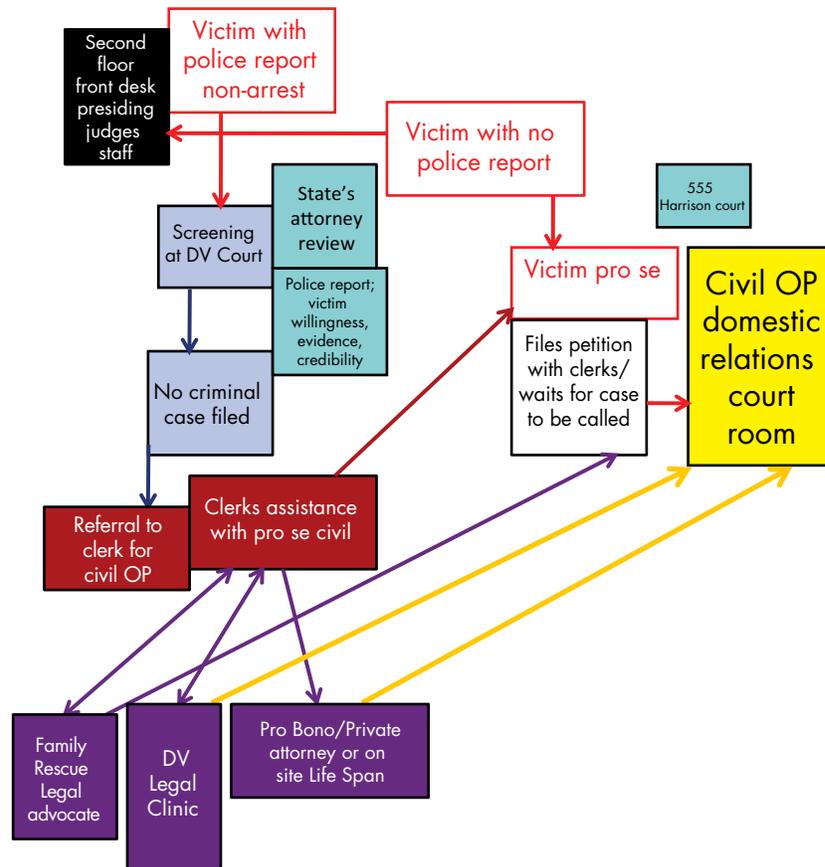
However, most victims gain legal services from these sources only upon entering the Harrison DV court house seeking safety through the legal system. The DV Legal Clinic screens all pro se litigants for possible case acceptance. Part of the clinic's screening includes an income resource test related to whether the victim has the financial resources to hire an attorney. The screen also includes some review of the facts to determine if it is a meritorious case. For attorneys due diligence requires a case review which seeks to ensure that disingenuous or harassment based cases are deemed not legitimate for their case acceptance. Summit participants commented that there is no system of triage that allows for a gauge of victims' relative needs in order to enhance linkages

<sup>25</sup> DVLC is a non-profit program housed at the court house that employs 1 part time and 3 full time lawyers who represent victims seeking civil OPS in these two court rooms.

<sup>26</sup> For example, while Life Span does not have space assigned to them at the court building, there are 3 agency lawyers and a paralegal providing legal representation services to pro se victims. Some but not all members of this Life Span team are on site to assist these victims four days a week.

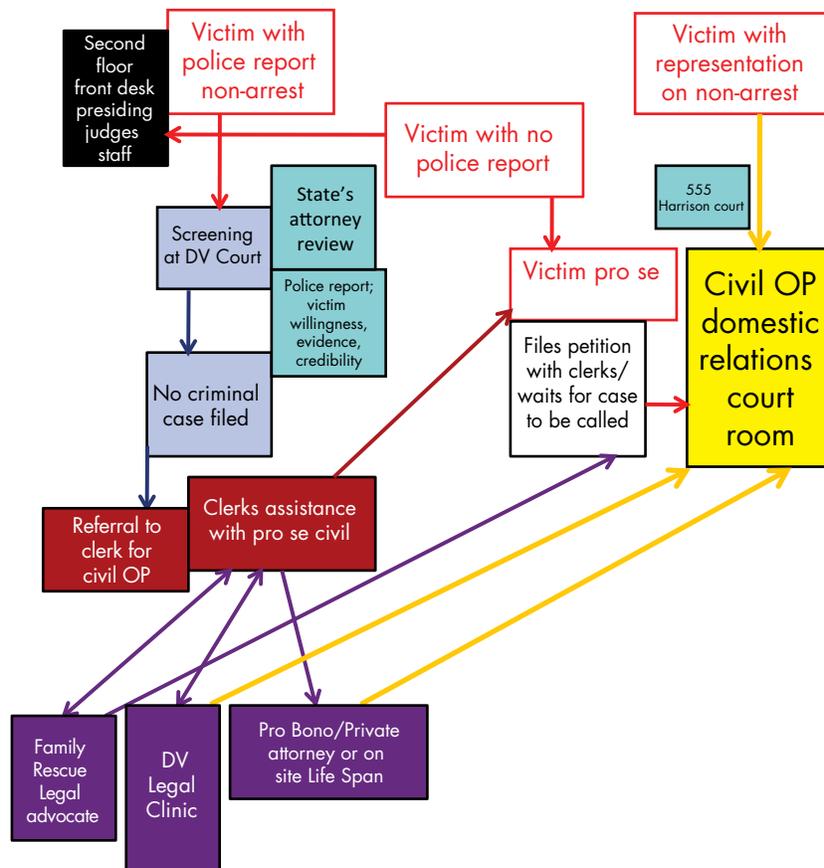
which best utilizes the limited resources available. Participants discussed the merit of a victim being screened when perhaps clear eligibility or preference for case acceptance criteria could be developed. Many noted the frustration experienced by victims forced to endure multiple screening efforts which can end in denial of service ultimately leading to a victim being left to proceed as a pro se litigant after hours of engagement with the system. Arguments were put forward that each of these interactions, even if not accepted for additional assistance as the end result, does provide the victim with further education and information for their consideration of the relief that they require from the court if they proceed pro se.

Map Figure 5.2



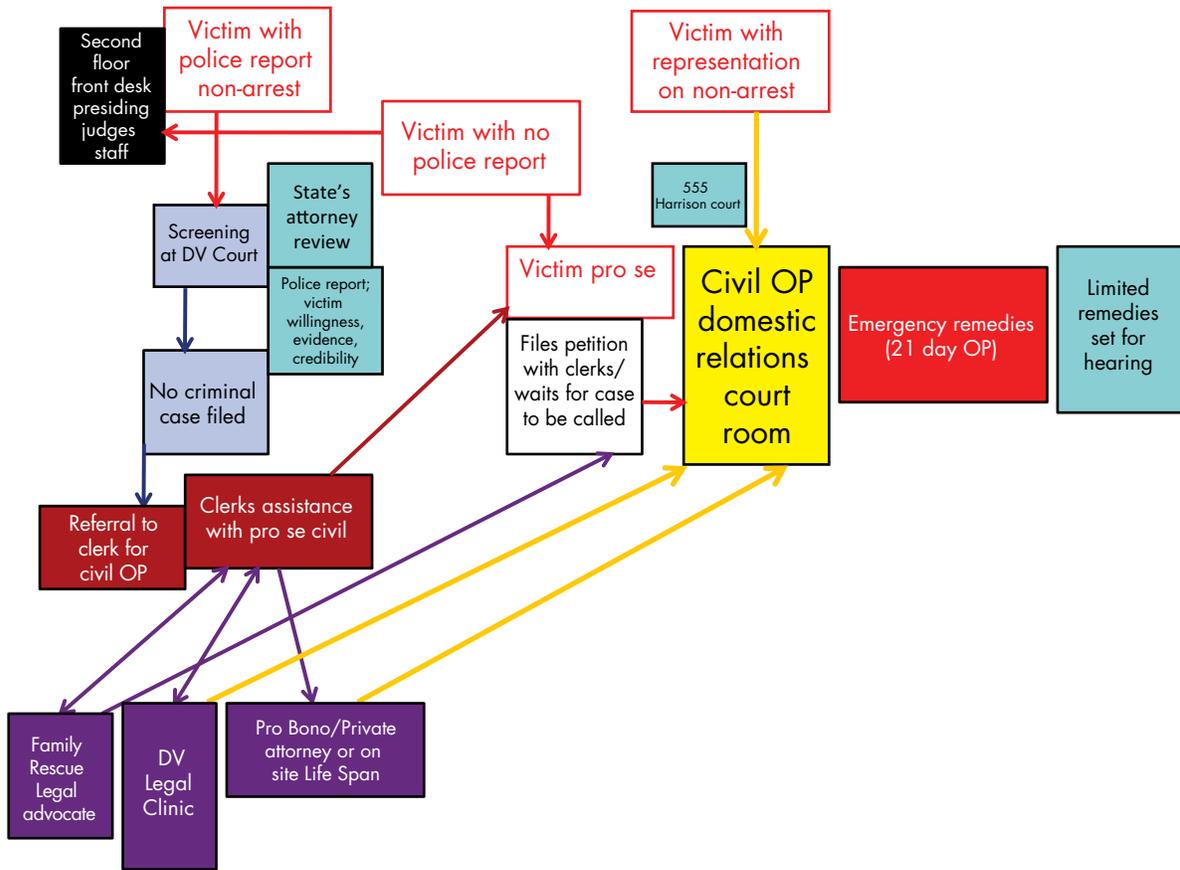
The victim with no police report (**RED**) may approach the front desk (**BLACK BOX**) and will be directed as a pro se victim to the clerk's civil pro se assistance (**DARK RED**) (Map figure 5.2). As in the case of victims with police reports which did not result in a criminal charge, the clerk's office connects them to **PURPLE** providers for assistance. Whether the victim has benefit of the Clerk's office or one of these service providers, the victim will file a petition with the clerks and is accompanied by the clerk's office or advocate/attorney to the civil court room where the OP petition will be heard (**YELLOW**).

Map Figure 5.3



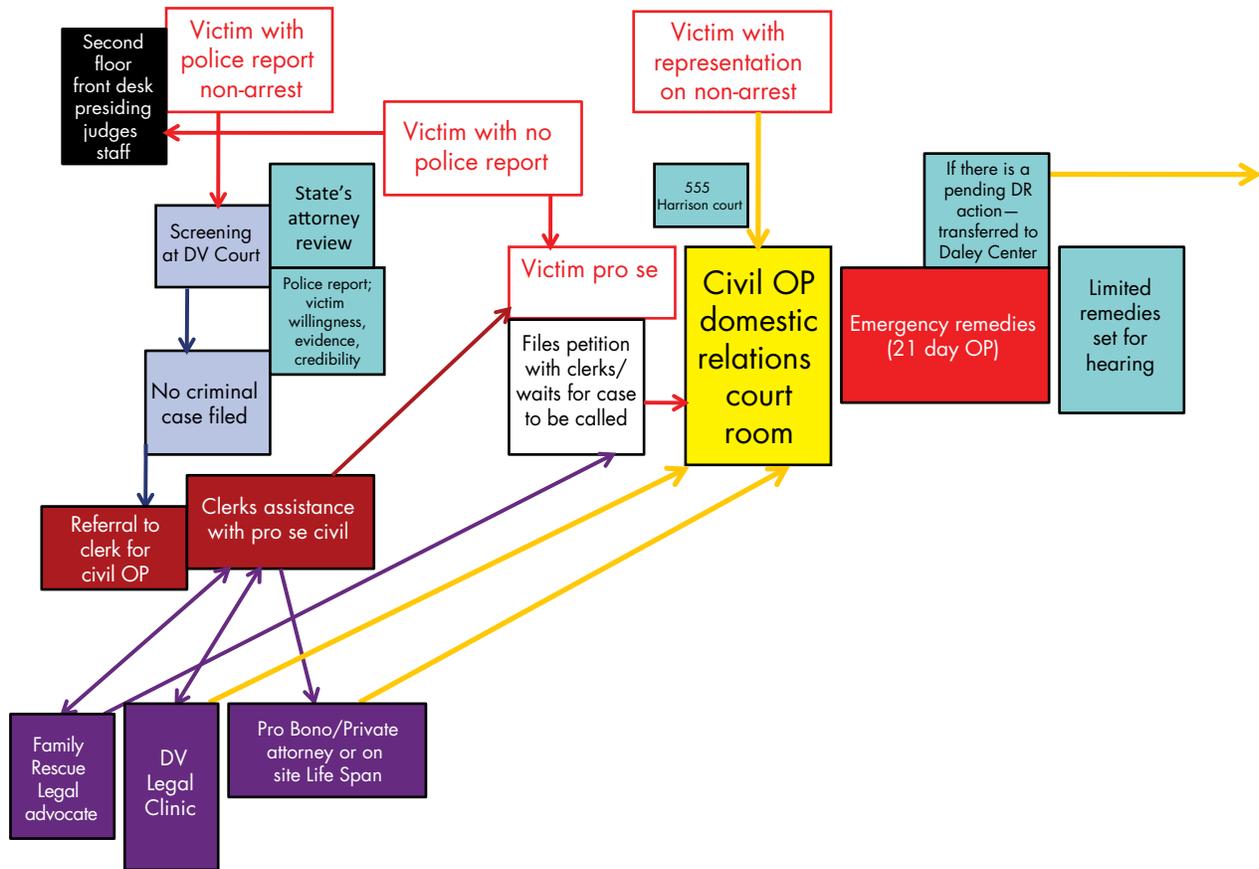
There are also victims (**RED**) who come to court already represented by an attorney in a non-arrest case (Map figure 5.3). The **YELLOW LINES** indicate that the victim will be going into the civil OP court room as the attorney has already prepared the petition and OP and files it with the Clerk's office to begin the case. These lawyers will file an appearance on behalf of the client and accompany and represent the victim for the duration of the OP civil case. Summit participant discussion reflected the fact, which was supported by remarks made by panel member Linda Strong-Stanford that victim luck has as much to do with gaining the services of a civil legal advocate or specialized legal representation by an attorney as any specific facts of a case. A clear call for improved methods of case triage, screening and assignment or offer of advocacy and legal services was made during the Town Hall discussion. Adding additional resources for the pro se victim was also identified as a need during the Town Hall discussion. The discussion included a call for the review of the possible use of volunteer or pro bono law school and law firm resources. Also the discussion called for better methods to ensure that victims had more information about their options before setting foot in the court house. Some participants called for better and more coordinated methods of risk assessment as an integral part of case triage improvements.

Map Figure 5.4



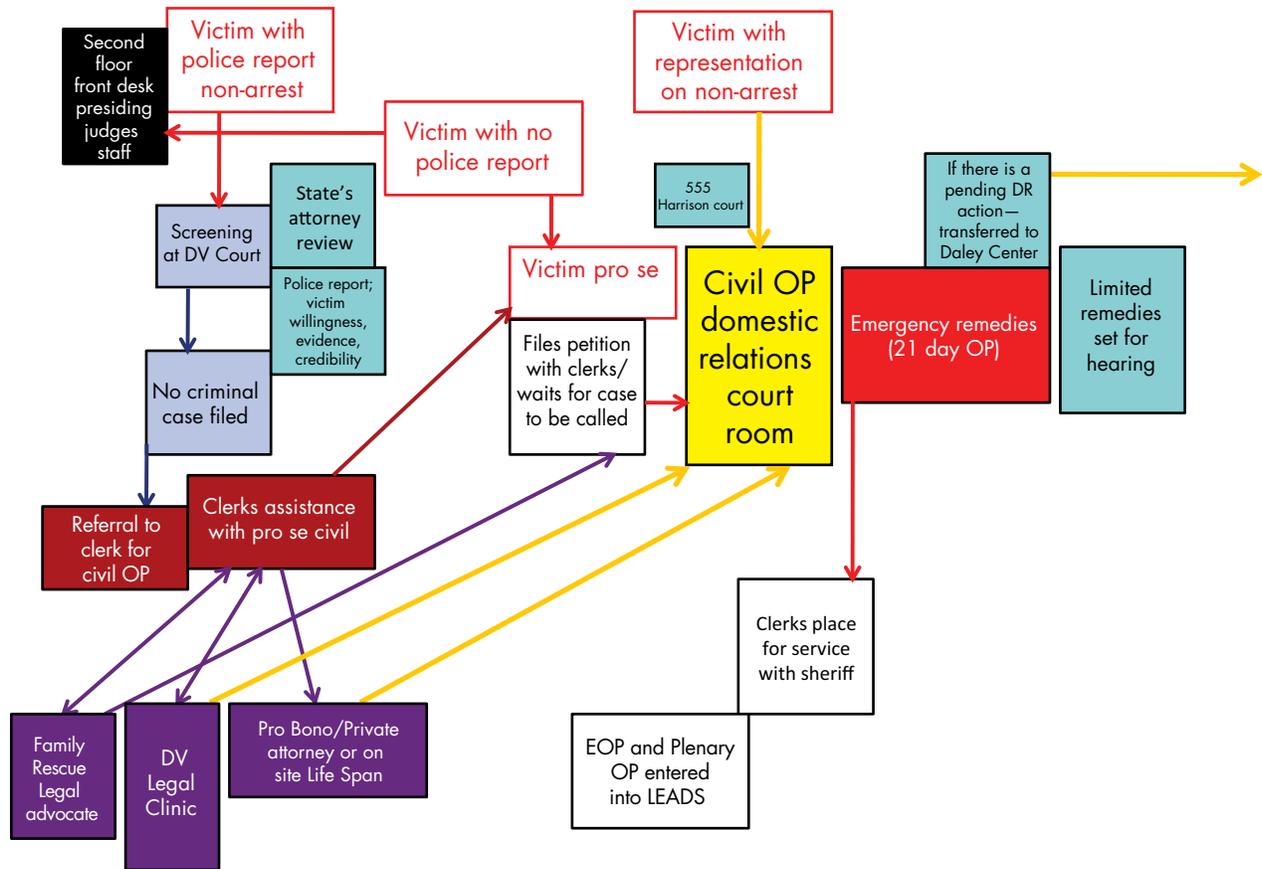
The Emergency (exparte) Order of Protection (EOP) is heard in the civil independent court rooms the same day the petition is filed (Map Figure 5.4). The IDVA limits the remedies available within an EOP (AQUA) and the case is set for a hearing within 21 days. In addition to the prohibition against abuse many EOPs also grant exclusive possession of the residence to the petitioner. Some victims name their children or others as parties also in need of protection within their EOP. Sometimes physical care of the children is granted to the petitioner.

Map Figure 5.5



It is important to note that if there is a pending domestic relations action (divorce, paternity, child support) between the parties the OP case will be transferred to the Daley Center or other domestic relations court room pursuant to court rules (AQUA) and the victim follows the **YELLOW LINE** to those court houses (Map figure 5.5). Summit participants discussed if the case should be transferred immediately or if the EOP could be heard and granted by the civil independent judge and then transferred and consolidated with the pending domestic relations proceeding.

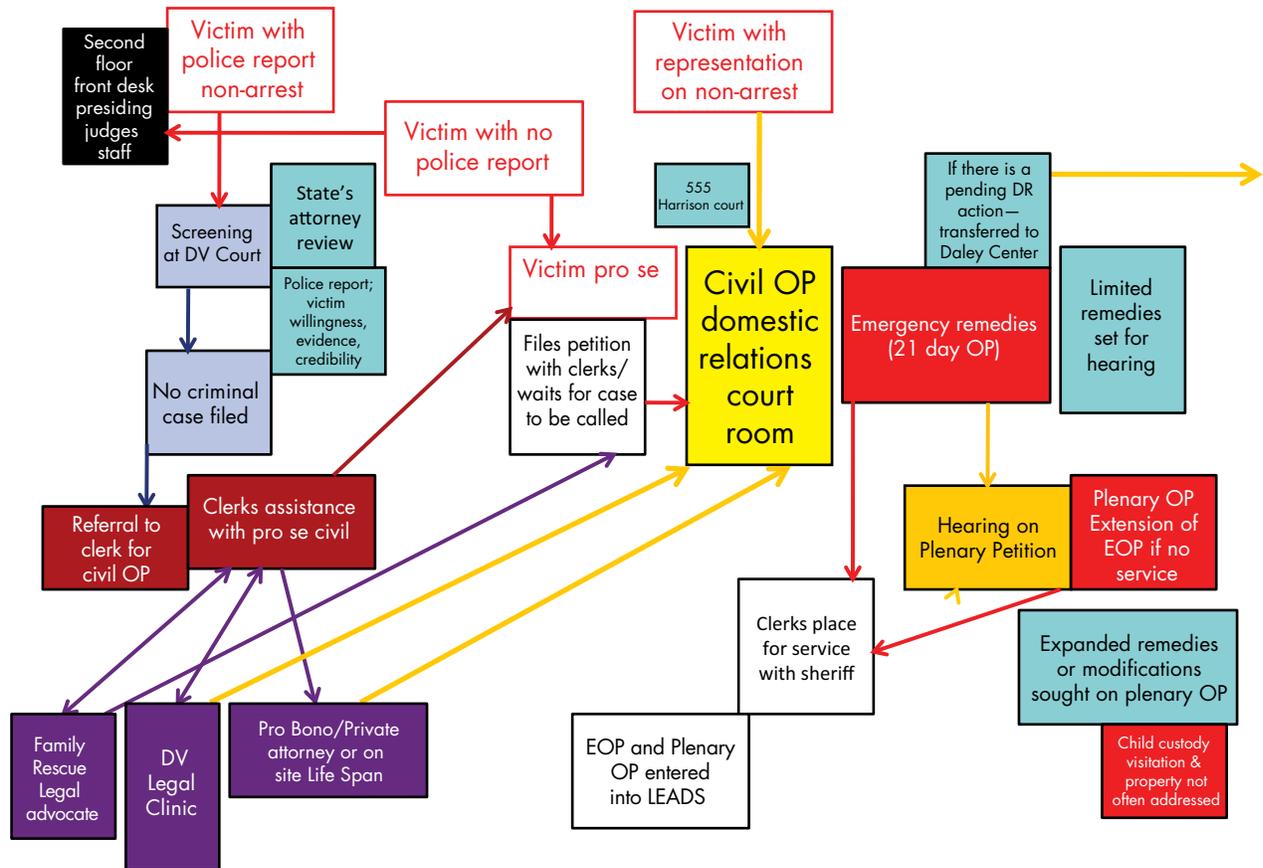
Map Figure 5.6



Once an EOP is issued the Clerks place it for service by the Sherriff's office (White box with Blue outline). EOP and subsequent plenary OPs are entered into LEADS and the Sheriffs enter proof of service in LEADS and with the court (Map figure 5.6). This is represented by a **RED LINE** because victims are at risk until the EOP is served. For example, if a victim is granted exclusive possession of the home until the abuser/respondent is served there can be no violation if he remains in the home as he has no knowledge or notice that the EOP exists against him. Summit participants discussed the current difficulties with getting some respondents served before the next court date. Lack of service can be a true impediment to the victim seeking longer term and/or expansive relief offered in the plenary OP.<sup>27</sup>

<sup>27</sup> Nearly 20% of all OPs in a given day do not show proof of service in LEADS.

Map Figure 5.7



Before the EOP expires a hearing will be set for the plenary OP (Map figure 5.7). When the victim returns to court if there is no proof of service then the court can extend the EOP. If there is proof of service and the abuser appears or defaults by not appearing, the court can grant a petition for a plenary OP. The AQUA BOX points out the statutory provisions that allow for expanded remedies in a plenary OP. The remedies that address custody and visitation as well as property are rarely utilized in these orders and this represents a potential risk for victims and results in the failure to execute the intent of these remedies as part of achieving safety for victims. Summit participants discussed the need for enhanced responses to these related needs in OP proceedings in all court rooms within the Harrison DV court building. Of course again the Clerks and Sheriffs have respective duties related to LEADS and proof of service. As discussed under EOP service, the same dangers represented by not gaining service exist here.



participants noted the lack of expertise within the building directed at enhancing victim safety by addressing the needs of children exposed to DV. Many participants called for close examination of this issue to identify how best to address it through existing or added resources. Participants also noted that there was very little information provided to the abuser/respondent regarding voluntary assistance he might require to address his behavior.

In 2007 the court issued 21,164 civil orders of protection however that includes those issued in divorce or paternity or other domestic relations proceedings. In 2008 there were 19,252 civil OPs. From January through July of 2009 there were 11,268 civil OPs. Summit participants were again reminded of the fact that DV service providers are delivering more civil OP advocacy than in the past. There appears to be a shift of support from criminal charges and OP advocacy over to civil independent OP advocacy by non-lawyer legal advocates. These legal advocates are helping to address the gap in legal services by an attorney. Participants noted that the need for training and expertise in the laws that govern custody and visitation under the IDVA and the IMDMA<sup>28</sup> should be enhanced for legal advocates and other court personnel. Facilitation of victim's efforts to devise reasonable and safe visitation arrangements requires personnel schooled in these areas. As some victims do not object or believe that the abuser's contact with their children is a concern for them safe methods for exchange or reasonable schedules require attention. For those victims who believe that visitation and/or exchange represents a risk to them and their children of ongoing exposure to DV, restrictions on visits need to be formulated based on the specific circumstances of the case. At present those resources are not available to the pro se victim.

## Civil legal System

### BEYOND THE OP . . .

- Note little attention being given to children, property or financial issues including support
- Domestic Relations is guided by the IMDMA: abuse is a consideration not presumptive
- Child visitation is guided by access and friendly parent concepts
- Need for OP and/or supervised or restricted visitation not always short term

The impact on children and the intersection of safety for the victim as it relates to her efforts to protect her children were presented in Summit Sessions One, Two and Four. It is clear that there has been little attention given to children, property or financial issues including child support under any IDVA governed OP proceedings within the DV court house. Summit participants especially those who work with children raised concerns that the impact of ongoing exposure to DV on children and on one's ability to parent was not being addressed or considered vital within these proceedings.

The framing presentation noted that in domestic relations proceedings governed by the IMDMA, abuse by one parent of the other was one of a number of statutory considerations and was not presumptive as it relates to a judge making custody determinations. Child visitation under the IMDMA is guided by access and friendly parent concepts. Judge Haracz, a domestic relations judge on the panel noted that most domestic relations proceedings are conducted through negotiation between the parties and their attorneys. The goal is to try to settle or gain agreement through mediation (often shuttle in DV cases) on custody and visitation issues so that the court will not have to make a ruling in an adversarial case. Sometimes custody evaluations and home visits are utilized in these disputes and these added tools can be helpful to a victim's pursuit of safety for herself and her children. However, in many instances the use of evaluations leads to dueling experts which renders the case adversarial as to a final decision.

When a victim moves beyond the need for an OP the need for an order of supervised or restricted visitation within divorce or paternity action may not always be short term.

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<sup>28</sup> Illinois Marriage and Dissolution of Marriage Act 750 ILCS 5

## IDVA v IMDMA

IDVA	IMDMA
<ul style="list-style-type: none"> <li>• Intended to protect victims of abuse</li> <li>• No statement of intent to involve perpetrators in the family</li> <li>• Rebuttable presumption against custody to abuser</li> <li>• One incident could be enough to trigger presumption</li> </ul>	<ul style="list-style-type: none"> <li>• Intended to promote the amicable settlement of family disputes</li> <li>• Intended to secure maximum involvement of both parents</li> <li>• No rebuttable presumption against custody to abuser</li> <li>• Unless ongoing or repeated abuse is found, maximum involvement of both parents is presumed</li> </ul>

Comparing the intent and impact of the IDVA and the IMDMA on custody and visitation issues reveals the fact that there is a necessity for good legal counseling on these issues for victims seeking to develop a pathway to safety through the legal system both over the short and long term. Judge Haracz and Leslie walked participants through a quick summary of these major differences. The IDVA was intended to protect victims from abuse while the IMDMA is intended to promote the amicable settlement of family disputes. The IDVA illustrates no intent to involve the perpetrator of DV in the family while the IMDMA intends to secure maximum involvement of both parents. Under the IDVA there is a rebuttable presumption against granting custody to the abuser. The IMDMA has no such presumption. Under the IDVA one incident of abuse could be enough to trigger the presumption against the abuser gaining custody of the children. The IMDMA presumes maximum involvement of both parents unless ongoing or repeated abuse is found.

## IDVA v IMDMA

IDVA	IMDMA
<ul style="list-style-type: none"> <li>• No presumption of reasonable visitation</li> <li>• Visitation restrictions allowed if respondent has or is likely to abuse or endanger child or harass petitioner</li> <li>• Remedies of physical possession on preponderance of evidence regardless of prior custody order</li> </ul>	<ul style="list-style-type: none"> <li>• Presumption of reasonable visitation</li> <li>• Visitation restrictions allowed only if visitation would cause serious endangerment of child</li> <li>• Modification of custody only on serious endangerment or clear and convincing evidence of need for change</li> </ul>

Under the IDVA there is no presumption of reasonable visitation as is the case under the IMDMA. The IDVA allows for visitation restrictions if the abuser/respondent has or is likely to abuse or endanger the child or harass petitioner. The IMDMA allows visitation restrictions only if the visitation would cause serious endangerment of the child. Harassment of the other parent is not considered endangerment of the child generally. There are remedies of physical possession of a child using preponderance of evidence regardless of a prior custody order under the IDVA. However modification of custody orders under the IMDMA can only occur upon a showing of serious endangerment or clear and convincing evidence of the need for a change.

The differences in the laws which govern matters of custody and visitation when a child has been exposed to DV, points out the glaring need for legal strategy to be developed accounting for the victim's lived experiences with the DV and its impact on her children. Summit participants speculated that the lack of adequate attention on these matters was having an impact on victims' approach and follow through when seeking safety both short and long term through the Legal Help System.

### **Town Hall Discussions:**

As Summit participants moved into facilitated town hall discussions they were reminded that there should be some examination of the challenges and barriers victims face in seeking assistance from the Legal Help System. Again the questions used for this facilitated discussion included:

- How do current pathways to court impact the court response to victim's safety needs and self determination?
- How do local processes of law enforcement and the DV civil and criminal cases centralize victim safety?
- Who is doing what to whom and with what impact on the victim and abuser?
- What improvements or enhancements would achieve the common objective of victim's safety and abuser accountability?

Town Hall discussions illustrated the fact that participants were trying to absorb the full nature of the entire system in order to prioritize areas in need of enhancement. Many of the notable gaps and areas where enhancements were identified and the points of greatest debate and areas of concern were noted in the previous narrative. One of the outcomes of the Town Hall was that participants had an opportunity to interact and educate themselves on how and why the system is organized as it is to respond currently. Summarizing notable areas of concern and possible enhancements included follow up on cases (police, EOP, and others); triage systems which reflects better screening and application of resources to address the range of victims' needs; increased training and resources that would lead to improved access and use of the full scope of IDVA remedies in both criminal and civil courts; increased opportunities to gain compliance and reform among abusers; thoughtful application of legal advocacy and legal representation resources; enhanced pathways for victims to gain information regarding their legal options before coming to court; and better coordination between the criminal and civil courts addressing DV. Greater detail and context is reflected in the Fifth and final Summit Session narrative.

## ACCOUNTING FOR TEEN DATING VIOLENCE EXPERIENCE AND CHILD AND ADOLESCENTS EXPOSURE TO ADULT DOMESTIC VIOLENCE

### *Summit Orientation*

The third session (November 19, 2009) included a framing presentation intended to provide an overview of key concepts for focus group discussions on two important topics: 1) accounting for teen dating violence experience and 2) accounting for child and adolescent exposure to adult domestic violence. The concept overview and subsequent discussions took place as separate sessions, one in the morning and the second in the afternoon. The teen dating violence presentation and discussion took place in the morning and was delivered by Leslie Landis and Ebony Dill of the Office on Domestic Violence (ODV). They presented key concepts related to teen dating violence across the following areas: definitions, dynamics, and prevalence; unique considerations; reflections on current capacity; limitation and challenges; building intervention models moving beyond prevention; and theoretical framework. The afternoon session focused on child and adolescent exposure to adult domestic violence. Leslie Landis presented the framing concepts for this presentation which included a review of key statistics; the impact of exposure on children and their responses; the impact on parenting; child welfare policy, custody and legal issues; reflections on current service response; and other considerations for building intervention models.

These sessions were similar to the previous ones in that they were intended as a “down load” of available data and research findings for Summit participants’ consideration and deliberations in their focus group discussions. During the focus group discussion, participants were urged to add to the information or dispute it based on their own experiences. Participants were also urged to recognize that the Summit involved diverse response groups, not everyone serving the same populations of people impacted by this violence and their professional experience varied. Participants were also urged to consider identifying future directions in research, policy and advocacy efforts.

### *Accounting for Teen Dating Violence Experience*

#### KEY CONSIDERATIONS

Throughout this section on Accounting for the Teen Dating Violence Experience, we relied on recent research by O’Keefe<sup>1</sup> and Mulford and Giordano<sup>2</sup> to support the framing of this presentation on the issue of teen dating violence. These works provided an overview of background, prevalence, and incidence data and information that allowed for an informed and comprehensive review of the issue of teen dating violence.

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<sup>1</sup> O’Keefe, M. (2005, April). Teen dating violence: A review of risk factors and prevention efforts. VAWnet: The National Online Resource Center on Violence Against Women. Article is available on the VAWnet website.

<sup>2</sup> Mulford, C. & Giordano, P. (2008, October). Teen dating violence: A closer look at adolescent romantic relationships. National Institute of Justice (NIJ) Journal, 261, 34-40. This article appears on the National Institute of Justice website.

Teen dating violence is a significant problem not only because of its alarming prevalence and physical and mental health consequences, but also because it occurs at a life stage when romantic relationships are beginning and interactional patterns are learned that may carry over into adulthood. Teen dating violence ranges from emotional and verbal abuse to rape and murder and appears to parallel the continuum of adult domestic violence. Adolescents often have difficulty recognizing physical and sexual abuse as such and may perceive controlling and jealous behavior as signs of love. Perhaps due to their need for autonomy and greater reliance on peers, teens involved in dating violence seldom report the violence to a parent or adult; if it is reported, most tell a friend and the incident never reaches an adult who could help.

## DEFINITION

Domestic violence involving teens includes a variety of violent behaviors and relationships. For this framing presentation, the focus was on teen dating violence as one form of domestic violence involving teens. The definition of teen dating violence includes many elements. For the Summit presentation the definition focused on intimate or social dating partner violence and abuse involving teens as victim and perpetrator. The behaviors include psychological and emotional abuse, such as intimidation, verbal abuse, monitoring a partner's whereabouts, and stalking. Teen relationship abuse also includes forms of dating aggression or stalking when someone who was seeking a dating relationship is rebuffed. Some bodies of research on teen dating violence use a more restrictive definition by including only physically violent acts such as slapping, pushing, hitting, kicking, and choking. The presentation did not include acts of domestic violence committed by teens against parents or between other family members.

It is important to note that teen dating violence does fit the Illinois Domestic Violence Act (IDVA) legal definition of domestic violence. The IDVA offers protection for persons who have, or had a dating relationship, persons who have a child in common, persons who are, or were living together, as well as minors who may be abused by a spouse or former spouse. Those teens who have been abused and fit these relationship definitions may petition the court for an order of protection.

Teen dating violence, like adult domestic violence affects people from all socioeconomic, racial, ethnic, and religious groups. It occurs in heterosexual, lesbian, gay, bisexual, and transgender relationships. Patterns of repeated violence are evident and can escalate over time intertwined with cycles of remorse. Teen dating violence shows increased danger for the victim when they try to terminate the relationship.

## RISK FACTORS

In a review of the literature on risk factors associated with being an abuser or perpetrator of teen dating violence several factors were explored. It was consistently revealed that exposure to community violence was related with perpetrating dating violence by both boys and girls. This meant that exposure was a risk factor for committing acts of teen dating violence. Exposure to community violence was also related to the likelihood that a female would become a victim of dating violence. Another risk factor for perpetrating dating violence was general aggression against peers. Some studies found that aggression against peers was related to aggression against a dating partner for both girls and boys. The belief that it is acceptable to use violence was one of the most consistent and strongest factors associated with dating violence.

Commonly held assumptions about other risk factors associated with teen dating violence revealed inconsistent findings across studies. For example, some studies suggest that males who witness inter-parental violence were at higher risk for inflicting dating violence, other studies found no effect of witnessing inter-parental violence

on likelihood for perpetration. Yet another study suggested that witnessing inter-parental violence leads to perpetration of violence only when acceptance of dating aggression was considered. The link between being abused by a parent (e.g., corporal punishment) and the experience of teen dating violence also yielded inconsistent results. Factors related to race and ethnicity show mixed outcomes. For example, some studies revealed that African Americans had higher perpetration rates, while others studies report racial differences do not matter when factors like socio economic status were controlled.

Many of the inconsistencies reflect the limitations of the research methods used for gathering, analyzing, and presenting data. However it is clear that teen dating violence is related to many factors and many interactions among those many factors. The need to expand our understanding about teen dating violence and risk factors remains critical as models of intervention are developed or enhanced.

## PREVALENCE ESTIMATES

Examining prevalence data was another way to understand the dynamic of dating violence among teens. In a review of the literature on teen dating violence, it was clear that many teens experienced some form of dating abuse. The Center for Disease Control (as cited in O’Keefe, 2005) found that 12% of high school students experience physical violence in a dating relationship. Estimates also included that between 20% to 30% of teens experience verbal or psychological abuse. One in three girls is a victim of physical, emotional or verbal abuse from a dating partner.<sup>3</sup> These estimates appear different, however they reflect variations in the way dating violence is defined. Some definitions focus on the physical nature of violence, others include sexual violence, while still others include emotional abuse. Despite how teen dating violence is defined, it is clear that 10% to 30% of teens report experiencing some form of abuse.

Estimates are even higher when “at-risk” populations of teens are considered. For example, rates of dating violence are comparable or even higher among gay, lesbian, and bisexual youth. Among teens in child protective services, more than half of girls (14 to 16 years old) report experiencing sexual or physical violence in a dating relationship. Teen males (68%) and females (33%) attending alternative schools were violent against a current or recent dating partner. National perpetration estimates were not reported for teen abusers.

Researchers suggest that boys and girls are mutually combative. This would lead one to believe that gender parity exists among teen perpetrators in dating relationships. However, O’Keefe suggests that there is a fundamental problem in asserting gender parity in teen romantic relationships. Arguments that support the contrary are based on how dating violence is measured and the impact of violence on female victims. The body of research which suggests girls are just as aggressive, if not more aggressive than boys tends to measure the number of “acts” of violence perpetrated in dating relationships. A recent review of dating violence studies showed that 90% of studies use “act” scales.<sup>4</sup> The problem with this type of measurement is that it treats all conflicts/behaviors as equal. This approach fails to address the meaning, context, and consequences of the act of violence. Thus, it potentially blurs any differing impact of dating violence for boys and girls.

Teen dating violence is a complex problem and the gender-parity approach fails to consider several important factors. These approaches do not consider degree of injury, coercive and controlling behaviors, the fear that is induced, or the context in which the act occurred. Thus incidents rates appear equal across genders. In addition, when one considers that the U.S. Department of Justice estimates that more than 90% of all relationship abuse victims are female and most abusers are male, it is again difficult to conclude that teen dating violence is gender-neutral.

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<sup>3</sup> The Facts on Teens and Dating Violence. This fact sheet can be found on the Family Violence Prevention Fund website under the list of key resources.

<sup>4</sup> Auchter, B. (2006). Teen Dating Violence. Proceedings of the NIJ, U.S. Department of Justice (DOJ).

A closer look at factors like motives and consequences of violence did reveal interesting gender differences. (Slide 3.1) Girls describe being emotionally hurt and afraid when they are the victims of dating violence. When girls use violence they report feeling angry followed by the need to defend themselves. This finding is in line with girls reporting that they fear for their safety as a consequence of the violence they experience.

However, male victims report thinking the violence was “funny” or that they were angry. Boys who were victims were less likely to view incidents of violence as threatening or damaging. Boys indicated that their primary motive for using violence was anger; this primary motive was the same for girls. But when the second most referenced motive for boys was explored, it was revealed that boys wanted to get control over their partner.

The fact remains that girls experience greater harm as victims as their injuries are more likely to require medical treatment. This occurs because males tend to be greater in size and strength and can inflict greater physical harm. Other documented impact on girls reflects greater social and emotional harm including behaviors such as suicide attempts, depression, cigarette smoking and marijuana use, just to name a few.

<b>Gender Differences</b>		
	<b>GIRLS</b>	<b>BOYS</b>
Victims	Emotionally hurt and afraid	Funny or as being angry
Motives	Self-defense	Control over their partner
Consequences	Fear for their safety	Not physically or psychologically threatening

### National and Local Data: Dating Violence

In the previous section, a review of the literature provided a generalized picture of dating violence and its impact on teens. In this section, the presentation describes and compares local and national incidence of dating and sexual violence. The data presented was collected as part of the Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System.<sup>5</sup> This system monitors health-risk behaviors among youth across several states and local regions and looks at factors that include, but are not limited to violence, substance use, and sexual behaviors. The focus for this presentation was on data collected in 2007 from students in grades 9-12 specific to teen dating and sexual violence. National, state (Illinois) and local (Chicago) findings were presented. Survey data were collected for 2438 Illinois students (response rate was 66%). Illinois respondent distribution was fairly equal for gender (49.6% female; 50.4% male) and grade (28.2% - 9th, 25.9% - 10th, 23.7% - 11th, 22.0% - 12th). The majority of Illinois students surveyed were White (61.3%), followed by Blacks (17.4%), Hispanics (16.0%), and other (5.2%). The Chicago student sample size was 1118 respondents. The response rate was 70%. Slightly more females (52%) were sampled than males (48%) and teens in lower grades than teens in higher grades (32.6% - 9th, 26.2% - 10th, 21.3% - 11th, 19.5% - 12th). The majority of Chicago teen respondents were Black (49.6%), followed by Hispanic (35.3%), White (10.2%), and other (4.9%).

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<sup>5</sup> Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance – United States, 2007. Surveillance Summaries, Morbidity & Mortality Weekly Report 2008;57(SS-4):1–131. Full report is available on the Centers for Disease Control’s website.

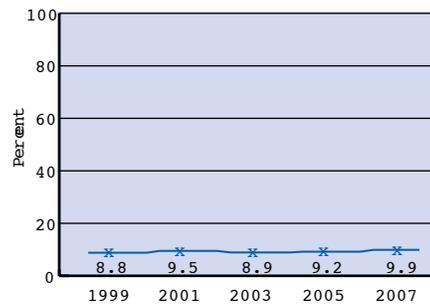
The dating violence survey item asked students to consider during the 12 months before the survey if they had been hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend. Ten percent (9.9%) of high school students nationwide reported that they had been hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend (i.e., dating violence; see Slide 3.2). No significant change was noted over time for the national sample. Ten percent (10.3%) of Illinois teens reported being hurt by a boyfriend or girlfriend and 13.4% of teens in Chicago. Statewide the rate of teens who reported being hurt by a boyfriend or girlfriend was consistent with the national rate of (10.3%). Locally, 13.4% of teens in Chicago reported being hurt by a boyfriend or girlfriend. This is 3.1% higher than the national rate.

Slide 3.2

## National and Local Data: Dating Violence

In 2007, during the 12 months before the survey

- 9.9% of students nationwide had been **hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend** (ie: dating violence)



Illinois: 10.3% (range: 8.0-13.1%)  
Chicago: 13.4% (range: 10.8%-16.4%)

Further analysis was used to examine differences among student characteristics for those who reported being hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend during the 12 months before the survey. The results showed that the percentage of those reporting dating violence was higher among males, Blacks and Hispanics, and students in higher grades (i.e., older). Local patterns mirror national comparisons.

## National and Local Data: Sexual Violence

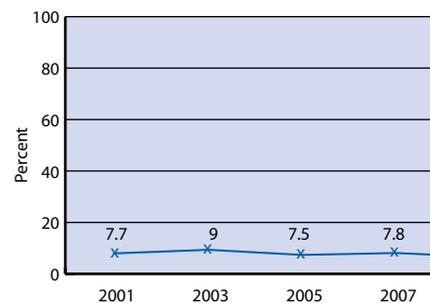
The survey item related to sexual violence asked students to consider if they had ever been physically forced to have sexual intercourse when they did not want to. Nationwide 7.8% of high school students reported ever being physically forced to have sexual intercourse (i.e., sexual violence; see Slide 3.3). Over time the national percentages have remained pretty consistent. The percentage of students who reported sexual violence was 8.0% for Illinois teens and 11.3% for teens in Chicago. Again Summit participants noted that Chicago teens reported higher rates.

Slide 3.3

## National and Local Data: Dating Violence

In 2007, during the 12 months before the survey

- 7.8% of students had ever been **physically forced to have sexual intercourse**



Illinois: 10.3% (range: 8.0-13.1%)  
Chicago: 13.4% (range: 10.8%-16.4%)

The percentage of students who had ever been physically forced to have sexual intercourse when they did not want to was higher among Black and Hispanic students and, in general, higher among older than younger students. One notable exception was the percentage of female and male students reporting sexual violence. It was the same for Chicago students, while for Illinois and the national sample the percentage was higher for female than male students.

### **Characteristics of Teen Victim Callers to the Help Line**

A review of other local data collected via the City of Chicago Help Line revealed information on the characteristics and experiences of teen victims who called the Help Line seeking information. It revealed that teen callers were 13-17 years of age. Nearly 1/3rd of teen victim callers had dependent children or was pregnant at the time of the call. Many reported experiencing some form of physical abuse, as physical & emotional (73.3%), physical, sexual, & emotional abuse (8.3%), or physical abuse alone (1.7%). Their abusers were mainly live-in partners, ex-partners, or a current partner (not living together). Nearly a quarter of teens reported having an order of protection (24.1%) against their abuser at the time they placed the call. Teens identified police as their primary referral source to the Help Line with a few reporting they heard about the Help Line from other service providers. Schools were not a referral source to the Help Line for teens. Teen callers were looking for orders of protection (OP), other types of legal advocacy, shelter and/or housing, and DV counseling. As revealed in the first Summit Session's adult victim presentation, teen data is based on 63 teen callers to the Help Line in 2008. This represents 1.4% of all victim calls to the Help Line. Calls to the Help Line do not appear to be a significant part of teen dating violence victims' help seeking behavior. However, other Chicago-based data does shed light on teens outreach (help seeking) and response to dating violence.

### **Chicago Teens Response to Dating Violence**

In the spring of 2004, The Rogers Park Young Women's Action Team interviewed 296 Chicago youth between the ages of 13-19 about teen dating violence. The majority of teens who took part in this study were female (82%), more than half were African American (56%) followed by Latinos (16.4%), mixed race (11.5%), White (6.3%), and then Asians (5.2%). Teens were asked what they would or would not do if their girlfriend/boyfriend were ever to grab/slap/punch them. The distinctions were clear. Girls would fight back; tell a friend; consider ending the relationship; and get help to fight back. However, they were unsure about involving family and the police. It was clear that teen girls, would not call a hotline, tell teachers or other adults, or even get orders of protection. While boys would similarly talk to a friend, they were unsure about ending the relationship. Boys were more certain that they would not get an OP, not call a hotline, not involve anyone (other than a friend) including the police, family or teachers and they would not solicit help to fight back.

### **Teen Dating and Adult Domestic Violence Comparison**

There are several ways in which teen dating violence parallels adult domestic violence. Among teens and adults who commit violence there is the belief that it is acceptable to use violence in intimate relationships. In both adult and teen intimate partner relationships violence is often a means to achieve power and control over one's partner. In both adult and teen relationships, violence exists on a continuum that can include verbal abuse, rape, and even murder. Teen, as well as adult victims have difficulty recognizing physical and sexual abuse and perceive controlling and jealous behavior as signs of love.

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<sup>6</sup> Center for Urban Research and Learning, Loyola University of Chicago (2004). Status of young women and girls in Illinois violence and safety. Chicago, IL.

<sup>7</sup> Appendix D includes the Dating Power and Control Wheel included in participant handouts.

While there are definitely similarities between adult and teen experiences with intimate partner violence, it is clear that understanding teen dating violence includes unique considerations. Past work in this area has relied on an adult intimate partner violence framework to examine the problem. An adult framework does not take into account key adolescent and teen considerations. For example, power and control is a key factor in understanding the relationship dynamic in the adult framework. However with teens, power dynamics may receive less attention because it is presumed that girls are less dependent on a partner for financial support or for the care and protection of a child. In the instance of teen relationships, power dynamics may be more balanced. An exception was noted in instances where girls are in intimate relationships with older or more experienced boys or men. Power imbalances could exist in these relationships, placing girls at increased risk for victimization and violent experiences by their older or more experienced partner.

The data has shown that adult victims respond in ways different from teens. Adults contact the Help Line and the police more than teens and do not report that they would fight back. Summit participants suspected that teens infrequently call the Help Line or similar types of support for fear that the call will trigger an investigation from the state, such as by the Department of Child and Family Services.

Teen dating violence differs from adult domestic violence in other important ways. Developmentally all adolescent romantic relationships are different from adult relationships. Teen dating violence victims are more vulnerable to abuse due in part to their inexperience in dating relationships. Teen dating relationships occur at a life-stage when romantic relationships are beginning and interactional patterns are being learned. For example a teen that has difficulty expressing him or herself may turn to aggressive behaviors to show frustrations, jealousy, and even affection. Teens, because of the lack of relationship experience, also hold “idealistic” views of relationships. This can lead to disillusionment and ineffective coping mechanisms when conflicts emerge. Inexperience may lead teens to perceive controlling and jealous behaviors as signs of love. These learned ways of interacting may carry over into adulthood. Research has shown that males who committed violence against their partner were more likely to expect positive consequences whereas non-violent males were more likely to expect that perpetrating violence would result in the dissolution of the relationship. Low self-esteem is reportedly associated with female victims, but not male victims. Alcohol and drug use are associated with teen dating violence for both genders particularly when the violence is sexual.

Another key distinction and consideration operating in teen dating violence is the influence of peers. Peers exert more influence on each other during their adolescent years than at any other time. Peers are often on the scene when violence occurs, making them key factors in a teen couple’s relationship. Teens may act differently in front of peers when violence occurs. For example, a teen in a dating relationship may hit their partner to save face if they are hit or made fun of in front of their peers. Research also showed that having friends in violent dating relationships is predictive of one’s own involvement in and use of violence. In fact this variable was more influential than the effect of witnessing inter-parental violence. Noting the influence of peers as an important distinction between teen and adult intimate partner violence the Rogers Park study confirmed that most teens will tell a peer about the violence, but remain reluctant to tell an adult who may be able to help.

## Summary

The review of the literature shows that definitions of teen dating violence can include teens in current or former relationships and that it affects teens from all walks of life. Girls tend to be the primary victim and they experience greater physical and psychological harm than boys as victims. At-risk populations of teens are at greater risk for experiencing dating violence. Dynamics of teen dating violence are similar to adult domestic violence, however power relationships, social skill development, relationship experience, and the influence of peers makes teens vulnerable to long lasting consequences.

# Dating Violence Interventions and Current Response

The framing presentation concluded with a review of the current service system response to teen dating violence. The scope and capacity of that response relied on the results of the 2007 *Assessment of the Current Response to Domestic Violence in Chicago*. Additional considerations and challenges were outlined for review during the focus group discussion on this topic. Summit participants were reminded that the dialogue should include identification of gaps and areas in need of enhancements, adjustments, reforms and future direction. While repeatedly acknowledging the need for prevention and education in the area of teen relationships and violence, participants were urged to prioritize attention to direct intervention services for teen victims and perpetrators of teen dating violence.

## PREVENTION

Primary prevention activities are those that take place before the violence occurs. These activities target the “general” population and include education intended to lead to changes in social norms. Primary prevention work in Chicago area schools is evident. High school programs in Chicago explore gender roles, different forms of violence including the dynamics of intimidation, power and control as well as early warning signs thus helping young men and women to have more responsible and healthy relationships in high school, college and beyond into adulthood. Domestic violence and sexual assault service agencies offer these best practice school based teen dating violence prevention programs.<sup>8</sup> The Illinois Violence Prevention Authority (IVPA) also coordinates youth led teen dating violence programs. The Chicago Police Department conducts teen dating violence prevention education programs in the community and schools as part of the CAPS program.

## POLICY AND LEGISLATIVE EFFORTS

The Chicago Public School system has a teen dating violence policy and conducts educational training for school personnel in the areas of teen dating violence. Attention to domestic violence and sexual assault as a contributing factor to school drop out or push out rates among youth is being examined to remove barriers to assistance in order to prevent or curtail drop out rates under the Ensuring Success in School Initiative (ESSA).<sup>9</sup> This effort is being led primarily by the Sargent Shriver National Poverty Law Center.

## CURRENT DOMESTIC VIOLENCE SERVICE RESPONSE AND POINTS FOR ENGAGEMENT

The *Assessment of the Current Response to Domestic Violence in Chicago* completed in 2007 reflected that there were few services targeting teen dating violence beyond primary prevention efforts. The *Assessment* was able to identify some areas of direct intervention addressing teen dating violence offered by domestic violence service providers including: legal advocacy, legal services, shelter, counseling, abuser services, and prevention and education efforts (see Slide 3.4).

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<sup>8</sup> The Teen Dating Violence Evaluation Project, a collaboration between IDHS and UIC, identified the content and format of the programs with the most successful outcomes.  
<sup>9</sup> Information on CPS and ESSA policies were made available to summit participants as reflected in Appendix F & I.

Service Response, Capacity, & Points for Engagement			
SERVICE TYPE	RESPONSE	CAPACITY	POINTS FOR ENGAGEMENT
Legal Advocacy (37)	22 reported providing advocacy	Served 354 minor victims	Limited by need for parental consent
Legal Services (8)	4 reported services to minors	-total number extremely low	Questionable usefulness of OP as viewed by teens; Police response is not clear
Shelter	Must be over 18	Homeless youth shelter	Limited by licensing / parental notification
Counseling (40)	22 reported serving	a total of 396 minor victims	Limited by need for parental consent
Abuser's Services	Served 18 to 21 years old who abused parents	N/A	No clear model

It was noted that teens are treated differently under the law, affecting how providers serve teens and how teens respond to adult interventions. Generally parents have recognized rights to direct the care, custody and control of their minor children. This results in laws which limit interventions to teens without parental consent requiring parental notifications.

The *Assessment* revealed that of the 37 legal advocacy agencies, 22 reported providing advocacy to minors serving a combined total of 354 minor victims in 2005. Advocates report the courts often do not allow minors to file criminal complaints or petition for an order of protection without a parent or an adult acting on behalf of the minor victim. Additionally legal advocates are limited in the amount or nature of services they can provide to a minor without parental consent.

Of the 8 legal service providers noted in the *Assessment* only 4 report services to minors (one agency only with parental involvement) with the total combined number of cases extremely low. Teens in need of an OP may be met with less resistance from the court if they are represented by an attorney as the IDVA does permit teens to petition for OPs. However teen surveys and focus groups indicate repeatedly that teens are skeptical about OP usefulness.

Both the *Assessment* as well as Summit participants noted that the police response to teen dating violence when it involves two minors is not clear. It is uncertain how often a teen perpetrator is charged with delinquency as a result of dating violence. No specific police protocol dictates the response to teen dating violence.

Domestic violence shelters do not accept teens unless accompanied by a battered parent. Non-domestic violence emergency housing is generally limited by law to cases involving child abuse and/or requires parental notification and licensing standards. As a result when DV shelter is not an option for teens seeking safe haven, homeless and runaway youth shelters may be the only viable option.

Of the 40 DV agencies that offer victim counseling identified in the *Assessment*, only 22 reported serving a combined total of 396 minor victims in 2005. Again counselors are limited in the amount or nature of services they can provide to a minor without parental consent.

In the *Assessment* some of the agencies who provide abuser services reported serving minors. Those minors were all 18 to 21 years old and abused their parents. No specific services for teens who commit dating violence against another teen were identified.

In 2004 the Illinois Teen Dating Violence and Sexual Assault Prevention Stakeholders group hosted discussions regarding best practice models for addressing teen perpetrators. There was a beginning discussion of restorative justice models and possible application to this group. While restorative justice work has progressed since 2004, little is known about any formal application of restorative justice models to teen dating violence cases. Summit participants engaged in restorative justice did indicate that the principles have been applied in cases involving teen perpetrators of violence. It was not known how often or if these methods had been applied to cases of teen dating violence.

It was noted that there have been programs developed which target young men as fathers or responsible fatherhood initiatives which in some limited cases have attempted to address the issue of intimate partner violence. Summit participants noted those efforts directed at young men involved in the juvenile probation system as a model for review.

## CONSIDERATIONS FOR BUILDING INTERVENTION MODELS

Summit participants were reminded that teens involved in dating violence and abuse are not telling adults, not calling the police, nor are they seeking OP for assistance. However, they are more likely to tell a friend about dating violence and even when they do not “tell” research indicates that teen peers tend to be present when this violence occurs. Therefore work that considers the role of bystanders holds great promise as part of the intervention response to these cases.

The use of a bystander model involves teaching students how to intervene safely in situations that could involve violence. This role includes interrupting situations that could lead to assault before it happens or during an incident, speaking out against social norms that support dating violence and sexual violence, and having skills to be an effective and supportive ally to survivors. The bystander model gives all community members a specific role, which they can identify with and adopt in preventing violence in their community including teachers.

There are a number of specific challenges that require consideration as clear points for further engagement as intervention models are developed and enhanced. Some of these challenges reflect barriers for teens in seeking or receiving assistance. Teens are concerned about disclosure and confidentiality. These concerns vary according to individual experiences. Some victims fear that friends and acquaintances will tell their abuser about their disclosure. There is concern that mutual friends and acquaintances will side with the abusive partner and retaliate against the victim. Teens fear that they will lose the respect of peers and adults if the violence is discovered. Teens in same-sex relationships struggle with the knowledge that disclosure may lead to being “outed” to friends, family and others in the community. Most teens do not want to acknowledge that their relationships are in any way different from those of their peers. Nor do they want to lose the status of having a boyfriend or girlfriend.

Teens considering disclosure to school staff also may have concerns about confidentiality. Young victims are aware that school personnel must weigh honoring their confidentiality against considerations for the teen’s safety. Even if they believe that adults will hold disclosures in confidence, teens are aware that they will be en-

couraged to speak with a school or community counselor, making parental notification a likely possibility. They may not want parents to know about the abuse and/or their relationship. Parents might insist on an end to that relationship, or on notification to medical and/or legal authorities.

Since child protection issues supersede other confidential considerations, parenting teens may worry that child protective services (DCFS) will remove their children.

There are specific licensing and direct service limits which were again highlighted for consideration. Services to minors are limited by Illinois statute to 5 counseling sessions without parental notification. Shelter for minors requires specific licensing and service approach.

Safety planning for teens is an essential area for service development. Teen needs in the area of safety planning are different from safety planning conducted with adult victims. Safety planning for teens must be embedded within communities because often the teen victim and perpetrator are in the same social and educational environments so contact is likely and difficult to limit without specific attention.

Juvenile justice system sanction may represent barriers to victim disclosure and/or teen perpetrator interventions particularly for communities of color. Teens in focus groups conducted by ODV and others over time indicated teens believe that calling the police would make things worse. Teens indicated that the abusers needed counseling not juvenile court punishment. Also teens may be particularly resistant to police involvement, believing that police will ignore them because of their age.

Teen perpetrator intervention services need to be designed to enhance the safety of young victims and guarantee meaningful consequences for teen perpetrators. The goals for teen perpetrator intervention services include holding young batterers accountable for their violence; containing abuse; and rehabilitation and re-education of young perpetrators about intimate relationships and use of violence. The methods might include the use of ecological approaches that include partners, their families, and their communities. Summit participants agreed that there needed to be age appropriate alternatives that complement or are in lieu of incarceration for teen perpetrators of dating violence.

The presentation noted that there is no clear source for data on how teens are being dealt with when they commit teen dating violence. These teens may be charged with delinquency based on commission of a domestic battery but it is unknown when and if these sanctions are applied in teen dating violence cases. These teens may be getting station adjustment with or without social services conditions or referrals. No specialized police or court protocols exist to respond to teen abusers, relegating most teen offenders to a juvenile court system with limited expertise in handling DV cases. If restorative justice models are being applied locally to teen dating violence situations, it is not clear what the outcomes are or how peer related sanction and support is being informed or implemented. The need to establish a method for tracking any of these outcomes was identified by Summit participants.

There were several other contextual considerations offered for use in the Summit focus group deliberations. It was noted that currently there is significant attention on youth violence and the challenges of addressing it in Chicago. The “at risk” teens being identified in these discussions are the same teens who are “at risk” of teen dating violence. The literature review offered previously documented the intersection with community violence as a primary risk factor for teen dating violence. Many of the youth violence incidents noted by the media are found to have stemmed from disputes over girlfriend or boyfriend relationships and turf.

Much of the youth violence work both nationally and locally targets boys. Most of these efforts have been focused on teaching boys to not be aggressive generally, without regard for the violence and abuse in their intimate relationships. Summit participants agreed that future efforts directed at youth violence must make visible teen dating violence issues and the experience for both girls and boys.

## FOCUS GROUP REVIEW

### Summit participants were presented with the following Focus Group Deliberation Questions:

#### Focus Group Questions – Teens

- How do services need to be shaped so that they address the unique intervention challenges of teen relationship violence?
- What do we know about this problem in Chicago?
- What would a response to teen/dating relationship violence be?
- What will it take?
- What would do no harm?

Many of the remarks by participants from the focus groups as well as feedback from the participant feedback forms have been incorporated in the session discussion. It was clear that the area of teen dating violence interventions requires significant review. A number of models or guiding thoughts/principles are reflected in the final Summit session presentation. All participants agreed that the adult model needs to be adapted for teen application and that work groups need to be formulated in order to ensure that this is done in a thoughtful, planned manner. Participants agreed that implementing haphazardly these interventions could represent real risk of further harm to both victims as well as perpetrators who are teens. There was also significant and repeated feedback that any effort in this area needs to be heavily youth informed.

#### SPECIAL NOTE

Mayor Daley provided remarks to the Summit participants before the focus groups began. His expression of concern included offering his ongoing commitment toward addressing all of the DV Summit issue areas. He expressed his interest in the anticipated final recommendations from the Summit and pledged his support. The Mayor also thanked everyone for their hard work every day in addressing these important issues.

# *Accounting for Child and Adolescent Exposure to Adult Domestic Violence*

## SUMMIT ORIENTATION

The afternoon presentation framed the discussion on accounting for child and adolescent exposure to adult domestic violence. Leslie Landis presented key concepts from the child and adolescent exposure to violence literature while highlighting child, victim and abuser's experiences, roles, and other considerations useful for building intervention models.<sup>10</sup> This session was followed by focused discussions on building intervention models to address the needs of children and families impacted by adult domestic violence.

## NATIONAL STATISTICS AND CONTEXTUAL CONSIDERATIONS

Intimate partner violence is more prevalent among couples with children than those without children.<sup>11</sup> National prevalence estimates reflect that 10% to 20% of American children are exposed to adult DV every year. While it is clear that there are many children and adolescents exposed to adult DV, the severity, frequency, and chronicity of the violence each child experiences varies greatly. Severe violence occurred in nearly half of these cases.

### **A few statistics . . .**

- Intimate partner violence is more prevalent among couples with children than those without children
- 10% to 20% of American children are exposed to adult DV every year
- Severe violence occurred in nearly half of these cases

### **Facts**

- Perpetrators of DV are a diverse group
- Women who are abused respond differently to abuse
- Not all children are affected by domestic violence in the same way
- Adolescents are impacted differently

<sup>10</sup> Throughout this presentation we relied heavily on several articles and presentations to frame our understanding of the issue of child and adolescent exposures. The sources used and often quoted directly included Edleson, J.L. (2006, October). Emerging Response to Children Exposed to Domestic Violence. Harrisburg, PA: VAWnet website; Davis, L. (2009). CONNECT: Supporting Children Exposed to Domestic Violence. San Francisco, CA: Family Violence Prevention Fund website; Peled, E., Jaffe, P., Edleson, J.L. (1995). Ending the Cycle of Violence-Community Responses to Children of Battered Women. California: Sage Publications; Bancroft, L., Silverman, J. (2002). The Batterer as Parent-Addressing the Impact of domestic Violence on Family Dynamics. Thousand Oaks, CA. Sage Publications.

<sup>11</sup> A 2006 article in the Journal of Family Psychology reported that approximately 15.5 million American children live in dual-parent households in which intimate partner violence had occurred in the past year.

Perpetrators of DV who use violence or abuse against their partners and or children are a diverse group. Not all perpetrator/abusers are equally dangerous. They have varying levels of love and connection with their children and have different capacities regarding their willingness and commitment to stop being violent. Not all victims respond in the same way. Women who are abused respond differently as a result of their access to resources, cultural values around family and their role, their immigration status, and other life contexts.

Not all children are affected by DV in the same way. The impact varies and not all children are damaged forever. The initial and long term impact of exposure to domestic violence on children is dependent on many factors. While the impact of exposure on adolescents is different from that of younger children, there is also impact variation among adolescents. For adolescents, exposure to DV can result in a greater likelihood that they will use drugs or alcohol, use violence in their own relationships, display attitudes supporting the use of violence, and even be harmed when they intervene in an assault between parents or caregivers.

## Facts

### NOT EVERY ACT OF VIOLENCE BETWEEN INTIMATE PARTNERS IS DOMESTIC VIOLENCE

#### PERPETRATORS OF DOMESTIC VIOLENCE USE

- physical and sexual violence
- verbal abuse
- Intimidation
- Isolation
- threats of deportation
- threats to call DCFS or get custody through the courts
- threats to kill themselves, the children, or victim's family

As identified during other Summit discussions on prevalence and impact, it is important to note the range of behaviors under consideration when discussing the exposure of children and adolescents to adult DV. While the legal definition of abusive behavior under the Illinois Domestic Violence Act (IDVA) does include all acts of violence between intimate partners, not every act of violence between intimate partners reflects the full dynamic of battering which was the set of behaviors leading to the recognition of “domestic violence”. Use of the term domestic violence during discussions about the impact of the exposure to it on children and adolescents should reflect the systematic pattern of control, intimidation, and domination of one's partner. Perpetrators often use physical and sexual violence, verbal abuse, intimidation, isolation, threats of deportation, threats to call DCFS or get custody through the courts, and threats to kill themselves, the children, or victim's family. Confusion can occur when we begin to equate an isolated incident of violence with the patterns of controlling behaviors that define “domestic violence” or battering. Sometimes an incident of violence is isolated, and occurs because of temporary stress in the family. DV is a pattern of coercive and controlling behavior, not an isolated incident. The interactions at play which reflect this systemic pattern are best illustrated and summarized in the Power and Control wheel (Appendix D).

## Facts

### VICTIMS STAY FOR THE CHILDREN

- Does not want the children to be raised without a father
- Believes that he is the better parent
- Concerned for child safety

Few individuals would become involved in a relationship they knew to be violent. What starts out as love, courtship and concern, may turn into domination, forced adherence to rigid sex roles and obsessive jealousy. Victims of this behavior do not enjoy being hurt, abused, battered and controlled. Victims may stay with someone who is abusing them for various reasons. Many victims stay for the children.

Some victims stay for the children because they do not want their children to be raised without a father. Other victims believe that the abuser is the better parent. This is especially true for women who have had their parenting undermined, who use substances, or who are depressed. Many victims have concerns for their children's safety. Victims fear their abusers' threats to get custody and/or unsupervised visitation if they leave them. Victims fear their abusers threats to report them to child protective services. In fact many abusers do make DCFS reports as a harassment tactic. Victims often stay with their abuser because they may also recognize the potential for lethal violence if they separate from the violent partner. The danger of lethal violence increases significantly during this time of initial separation. Even among young mothers there is an awareness of the potential for escalating violence. In a study of 724 adolescent mothers between the ages of 12-18, one of every eight pregnant adolescents reported having been physically assaulted by the father of her baby during the preceding 12 months.<sup>12</sup> A person who would abuse them while pregnant clearly represents a threat of future harm to those children.

Non-violent parents try various strategies to limit their child's exposure, including sending them to their room, to a neighbor, bearing the brunt of the violent parent's anger to distract him from the child, attending to the needs of their partner to try to keep him calm, complying with his demands, going into shelter, calling the police and so on. While none of these strategies may prevent a child from knowing what is happening, the child is often aware that the mother is trying her best to protect him or her.

## Facts

### TODAY THERE IS BROAD AGREEMENT THAT DV HAS GRAVE CONSEQUENCES FOR WOMEN AND CHILDREN . . .

Attention has focused on

- impact the exposure has on child development
- likelihood that exposed children may be at greater risk for physical or sexual abuse
- likelihood that they will become an adult perpetrator of DV

### WHAT IS EXPOSURE?

- direct visual observation
- hearing or experiencing events prior to and after the event or other aspects of exposure
- ongoing exposure to the batterer

<sup>12</sup> Wiemann, C., Aguarcia, C., Berenson, A., Volk, R., & Rickert, V. (2000). Pregnant Adolescents: Experiences and Behaviors Associated with Physical Assault by an Intimate Partner, *Maternal and Child Health Journal*, Vol. 4, No. 2, 93-101

Today there is broad agreement that DV has grave consequences for women and children. Attention thus far seems to have focused on the impact the exposure has on child development, the likelihood that exposed children may be at greater risk for physical or sexual abuse and the likelihood that they will become an adult perpetrator of DV.

Exposure to adult DV does not always include witnessing the violent or abusive act(s). Exposure happens when children directly observe violence, hear or experience events prior to and after the event, or are forced into ongoing contact with the batterer following separation by the victim. This exposure can take many specific forms including:

- Feeling tension
- Hearing threats
- Hearing or seeing assault on their mother
- Being hit while in mom's arms
- Being denied care because mom is injured or unavailable
- Observing the arrest of a parent
- Being taken hostage in order to force mom's return
- Being forced to participate in violence against their mothers
- Being enlisted by the violent parent to align against the mother
- Seeing or experiencing the aftermath
- Having relationships with their non-violent parent or other supportive adults undermined
- Experiencing the loss of a parent due to murder/suicide
- Being forced into ongoing contact with the parent who has perpetrated DV who has not acknowledged or been held accountable for his violent abusive behavior

## IMPACT OF EXPOSURE ON CHILDREN AND ADOLESCENTS AND THEIR RESPONSE

As already noted the impact on and response to exposure among children and adolescents varies requiring a range of interventions which reflect that variation.

### Impact

- Exposure leads to negative outcomes and sets children up for life long health problems as well as mental health problems
- Children who live in homes where DV occurs are traumatized by the experience

It is clear that exposure leads most often to negative outcomes and sets children up for lifelong physical and mental health problems. Children who experience child hood trauma, including witnessing incidents of DV, are at a greater risk of having serious adult health problems including tobacco use, substance abuse, obesity, cancer, heart disease, depression and a higher risk for unintended pregnancy.<sup>13</sup> Children who live in homes where DV occurs are traumatized by the experience. The high levels of distress in children who have been exposed overwhelm a child's ability to cope with the experience. The resulting trauma can be short-lived or it can be chronic,

<sup>13</sup> Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson D.F., Spitz A.M., Edwards V., Koss M.P., & et. al. JS. (1998). The relationship of adult health status to childhood abuse and household dysfunction. American Journal of Preventive Medicine, 14, 245-258.

depending on the situation. Those who are exposed to DV for one year or longer and have an impaired care giving system often suffer from impaired emotional self regulation. When children experience stressful events, hormones are released that activate brain circuitry which helps the child cope with the experience. When the stressful event ends, the physical response decreases and eventually disappears. In some children, however, the stress response doesn't end. Children who live in constant fear may experience traumatic, long-term stress.

## Impact

- Even when the exposure to the violence is limited there is still exposure to the batterer with ongoing consequences
- Children & adolescents who witness adult DV learn that it is acceptable to act aggressively

Parenting by fathers who have committed DV can bring multiple sources of trauma to children in addition to the terror of exposure to the violence toward their mothers. There is increased risk of physical and sexual abuse toward the child. The abuser may use the child as a weapon to control their partner. Abusers often create or force significant divisions between children and their mothers and among siblings, and may be psychologically abusive to children.

There is a complex and insidious process through which abusers hinder children's social and emotional development. Even when the exposure to the violence is limited there is still exposure to the abusive parent with ongoing consequences. Research shows that children exposed when compared to non exposed children exhibit more aggressive and antisocial as well as fearful and inhibited behaviors, show low social competence and have poorer academic performances. Children and adolescents who witness adult DV learn that it is acceptable to act aggressive. A study of 2,245 children and teens found that recent exposure to violence in the home was significantly associated with a child's violent behavior in the community.<sup>14</sup> Another study showed that believing that aggression would enhance one's self-image significantly predicted violent offending. This is something one learns by observing the lack of negative consequences for those who commit these acts. These children and adolescents in particular may begin to identify with the aggressor.

## Responses to Incidents

### CHILDREN & ADOLESCENTS RESPOND IN A VARIETY OF WAYS:

- become actively involved in the conflict
- distance themselves by leaving
- distract themselves and their parents
- call for help

Younger children are present during acts of DV more often than older children with children ages 0 to 5 present or exposed most often. Children and adolescents respond to violence exposure in a variety of ways. Many become actively involved in the conflict or distract themselves and their parents; some distance themselves by leaving and/or calling for help. Adolescents will intervene to stop or protect their mother. What can also happen is that over time children may become "allies" with the more powerful parent, in turn viewing the victim as weak, provoking, or unable to prevent the violence. This is often a method for self-preservation.

<sup>14</sup> Edleson article cited in footnote one.

As previously noted how violence impacts children varies depending on the severity, frequency, proximity, and duration of the exposure to violence. The younger the child the more harmful the impact may be. Young children are unable to understand what is happening and why or how to regulate their own emotions. Developmental stages also reveal differing impact. For example, infants may experience mistrust towards others; toddlers may believe they were bad and the cause of the violence; preschool aged children feel guilty they did or did not do something that caused the violence. School age children may feel inferior and restrict themselves from even trying to do things they know they can do. Adolescents may be confused about who they are and what they should expect from a relationship. Research on the impact of exposure indicates that the critical question to consider when devising a response to a child's exposure is "at what age was the child first exposed to DV?", not the age the child entered care.

## Factors that Affect Impact

### DIFFERENT IMPACT BASED ON:

- Severity, frequency and proximity and duration of violence
- Child's developmental stage (age)
- Gender but not race
- Child's role in family
- Personal characteristics of the child
- Other adverse experiences—ACES

The literature already cited reports that exploration of gender differences reveal that boys identify with their father, tell themselves their mother provoked or deserved the violence and display aggression towards their mother or other females. Some boys become violent and aggressive in their own relationships. However most boys who are exposed to DV as children do NOT grow up to be perpetrators of violence. Girls tend to identify with mother's attempts to control a partner's violence. They work to control situations by pleasing and taking care of others.

Children and adolescents assume roles in the family. Children in the family take on the roles of caretakers; confidants to the victim parent and/or to abuser parent; abuser's assistant; perfect child; referee; or the scapegoat in the family.

Research indicates that the impact of exposure varies based on the personal characteristics of the child such as their sense of self, mastery of tasks, and sense of security. Children with strong characteristics in vital areas are able to draw on internal reserves and resources, understand that the violence is not their fault, and feel successful in their lives (schools, sports, friendships).

The impact of exposure to DV does not happen in isolation. Other adverse experiences such as exposure to substance abuse, mental illness, incarcerated family members, absence of a parent and other forms of abuse or neglect all play a role.

## Factors that Affect Impact

### PROTECTIVE FACTORS

- Protective adults – mom, grandparents, relatives, neighbors, older siblings and friends
- Social environments – faith community, sports or social clubs
- Responsiveness of systems – DCFS, teachers, police, judges

When considering the impact of exposure, evaluation of the protective factors in a child's life is important. Mothers who do their best to provide their children a normal life even as she was being abused serve as a significant protective factor. Single loving and supportive adults like a mom, grandparents, relatives, neighbors, teachers, older siblings and friends matter and serve as protective factors lessening the negative impact of exposure to adult DV, even if they cannot stop the violence.

Supportive social environments (faith community, sports or social clubs) are instrumental protective factors affecting the impact of exposure on children and adolescents. Response systems (DCFS, teachers, police and judges) need to give children and adolescents consistent messages in actions and words. They help children understand that violence is a choice, that the violent adult is responsible for his own behavior, and that everyone in the family deserves to be safe.

### IMPACT OF DOMESTIC VIOLENCE ON PARENTING

## Impact on Parenting

### DATA AVAILABLE ON VICTIMS AND THEIR CARE GIVING ILLUSTRATES THAT:

- these mothers experience stress but this does not always translate to diminished parenting
- these mother often altered their parenting practices in the presence of the abusive male; they are undermined as a parent
- abusers prevent mothers from getting help for their children

### Data not available on perpetrator and their care giving

As noted the non-abusive parent is often identified as a key protective factor affecting how children experience exposure to adult DV and its impact. As already enumerated, non-violent parents try various strategies to limit their child's exposure, including sending them to their room, to a neighbor, bearing the brunt of the violent parent's anger to distract him from the child, attending to the needs of their partner to try to keep him calm, complying with his demands, going into shelter, calling the police and so on. While none of these strategies may prevent a child from knowing what is happening, the child is often aware that the mother is trying her best to protect him or her.

Women who receive DV services often have accompanying children. As a result there has been some opportunity to gather data on their parenting ability and role. Data which is available on victims and their care-giving illustrates that a parent who is a victim of domestic violence does not always experience diminished capacity to parent. However it is true that these mothers often alter parenting practices in the presence of the abusive male. One tactic of abuse includes undermining a victim as a parent. Abusers will also prevent mothers from getting help for their children. Unfortunately similar data is not available to gauge the impact of committing DV on a perpetrator's parenting and care giving.

Caution was urged to ensure that Summit participants not incorrectly conclude that it is the mother's problems or inability to parent and not the perpetrator's violent behavior that is creating negative outcomes for the children. Interestingly research has shown that the violence by a biological father was found to have a greater impact on a child than the violence of father figures, such as partners or ex-partners of the mother who played a minimal role in the child's life.

## CURRENT RESPONSE AND CONTEXT

### Recent Efforts

#### TRAUMA INFORMED TRAINING AND SERVICE PROTOCOL DEVELOPMENT WITHIN:

- DCFS
- DV providers
- MH providers

#### ATTENTION TO THE ROLE OF FATHERS WHO HAVE EXPOSED THEIR CHILDREN TO THEIR ACTS OF DOMESTIC VIOLENCE

- Responsible fatherhood with those who want to change their behavior

Recent efforts within service response systems to support children exposed to domestic violence include trauma informed training and service protocol development. Some of the local agencies engaged in this work include the Department of Child and Family Services, domestic violence and mental health service providers as well as key advocacy groups.<sup>15</sup> Summit participants noted that there has been active policy and training discussion and movement in this area. However, training on the impact of child exposure to violence is not sufficient lacking demonstrated response system improvements. Protocols must be further enhanced and specific tools for responding need to be developed that facilitate a coordinated, comprehensive response. These tools must guide not only the specific system's response but also support appropriate and successful linkages to services. Summit participants acknowledged that there was not enough cross discipline dialogue occurring related to coordinated cross system responses. Early childhood and children's mental health providers are not in active dialogue with those who serve victims of DV and their children for example. While notable policy level discussion is beginning those who deliver the direct services remain largely segregated from one another.

Attention must also be given to the role fathers who are DV abusers play in the lives of their children both short term and long term. In many instances, abusers still have parental rights and therefore ongoing access or engagement in the child's life. This parent-child relationship must be managed requiring acknowledged

<sup>15</sup> See Appendix I for information regarding these training, advocacy and service efforts provided to summit participants.

accountability for violence by the abusing parent and equal regard for the safety of the child and the non-violent parent. Evaluating genuine change by abusers to ensure no ongoing exposure occurs is a challenge faced by those who seek to encourage responsible fathering following violence. Building recognition of the impact of having exposed their children to DV within interventions targeted at changing abusers' DV behavior (PAIPs) has begun only recently. Summit participants noted that the Responsible Fatherhood programs that are being developed should include review of the impact that exposure to DV has on children. In both of these venues there is an opportunity to focus efforts on the empathic concern that some fathers who have committed acts of DV have for their children. The experience of working with the parents who are monitored during child visitation at the Supervised Child Visitation and Exchange Centers has illustrated that in some cases these fathers do seek to account for their violence and strive to be a responsible parent in addressing the impact that this exposure has had on their children.

Summit participants indicated that evaluation of abuser's change in behavior and parenting outcomes is required. In order to enhance and/or develop responses for the continuum of care needed for children and families exposed to domestic violence, a review of existing pilot programs and evaluated systems of response is also required. The focus group discussion also identified a glaring need for better collaboration and cross disciplinary response. Participants offered feedback that the Summit had provided a rare opportunity to bring together those who do DV work with those who work primarily with children and adolescents. Even among those who work in the legal system there is a divide between those who address adult DV in both civil and criminal courts and those who work on child protection, juvenile justice, and child custody cases.

## Legal Issues

- DV committed in the presence of a child is only one factor that may influence any sanction imposed in **criminal court**
- In **OPs** there is a rebuttable presumption that awarding physical or legal custody to the abuser is detrimental to the child
- In **divorce court**, presence of DV is one consideration that judges may use to determine custody and visitation

Connecting the dots from the prior Summit Session on the Legal Help Systems' response to DV, the framing presentation noted that none of the current legal responses are adequately accounting for the impact of the exposure and the need to inhibit detrimental ongoing exposure to abusers by children. Again, one of the most notable post separation tactics of abusers is the use of children as a weapon against the victim. The explanation of the differences within the IDVA and IMDMA<sup>16</sup> in addressing children's exposure to adult DV (provided as part of the Legal Help System's framing presentation) points to the difficulty faced by a victim who is seeking support from the legal system to address the impact of exposure to DV on her children.

As noted in the session covering the legal system response, child exposure and safety is not a key factor in determining criminal court sanctions in DV cases. OPs heard in criminal court generally do not address these issues. Independent OPs also often fail to fully address these issues. The OP remedy related to child custody under the IDVA includes a rebuttable presumption that awarding physical or legal custody to the abuser is detrimental to the child. The intent was to lessen the impact of ongoing exposure but the IDVA is not fully utilized in this area. Summit participants recognized that the court lacks the training and vital service supports which are essential to fuller implementation of the OP remedies related to physical care of children, child custody and visitation.

<sup>16</sup> Illinois Marriage and Dissolution of Marriage Act

In a divorce proceeding the presence of DV is but one consideration that judges may use to determine custody and visitation. There is no rebuttable presumption that awarding custody to a parent who has been abusive toward the other parent is detrimental to the child. There are limits on what evidence will be admitted as part of the custody and visitation process. A prior DV conviction, or a prior OP may be known to the divorce/custody judge but not determinative. Also the fact that there has been a conviction or an OP issued involving the parties does not assure that custody is denied to the DV abuser or that visitation needs to be restricted. Visitation restrictions are allowed only if visitation would cause serious endangerment of the child. Serious endangerment to the children may be difficult to prove. Often it is hard to state with certainty that the parent's behavior created severe emotional harm to the child. Guardian and litems and custody mediators and evaluators often have key influence over the judge's rulings. Some of these professionals have limited training on DV and their expertise in advising the court on custody and visitation arrangements in DV cases varies. Unless there is ongoing or repeated abuse found by the court, maximum involvement of both parents is presumed. Toward that end, there are friendly parent provisions which operate in custody cases which can have a negative impact on victim parents as their protective behavior can result in accusations that the mother is being uncooperative.

Summit participants were reminded about the fact that many victims are dealing with these issues pro se or without benefit of legal representation. This is especially problematic when an abuser persistently uses court action to extend control or harassment of the victim or when the victim may be accused of failure to protect by DCFS. Additionally victims face the challenge of balancing concerns related to the possible harm or danger to children if called upon to testify directly.

Participants were reminded that there have been some local efforts directed at using police as a key informant to victims of the impact of exposure to DV on their children including Safe Start and other CPD training efforts. Many officers have expressed their own frustration with viewing children on repeat DV calls to the same household. Participants called for a review of this tactic of relying on police as a primary source of information regarding the impact of exposure on children to a victim at a scene of DV. Many participants questioned a victim's receptiveness to fully absorb this information under these circumstances. Others expressed concern that the victim may just feel shame and guilt, feeling overwhelmed in that moment and responsible for the impact this exposure is having on her children. While serving as a motivator for some, this tactic may actually result in the victim's increased fear that she may lose custody of her children if she discloses the DV to outside sources again inhibiting her future help seeking behaviors.

After being informed about the negative impact exposure has on her children by police and possibly others, when a victim goes to court or seeks other assistance she knows her children need, she often finds that the protection and service she and her children need is not available or easily accessible to her. Support for getting that assistance is not as strong as the every day pull in her life for survival. Summit participants were reminded that their review of the response to DV particularly as it relates to the exposure of children to ongoing DV should be conducted from the victim's perspective. Participants were asked to consider if victims are being given a false or mixed message which contributes to their frustration and feelings of helplessness. Discussion between participants revealed a view by some that once the children have been exposed, the response is no longer about the adult victim and that adult victims need to be told that the protection of the children is the paramount concern. Minimizing the lack of response to mothers who seek support for their children through the legal system, or children's mental health and social service system, exacerbates the problem and results in victim blaming. DV service provider participants offered the feedback that they have difficulty gaining mental health and other supportive service for children whose mothers recognize the need. The shared responsibility for the inadequacy of the overall response to this need was affirmed by participants.

## Custody Related Research

- Abusers shift focus to control of child
- Abusive fathers are more likely to fight for custody and not pay child support
- Victims are no more likely than others to be awarded custody and violent fathers were seldom denied visitation.
- Supervised visitation and exchange services are showing promising impact and serves families not served elsewhere

Research conducted on custody cases establishes that abusers often attempt to gain power and control over the child's mother through issues of custody and visitation. Abusers shift focus to maintaining control of a child as a way to continue the terror and violence against the mother. Significantly the very time period in which these custody and visitation issues are being negotiated is also the period of greatest risk for victims as they face increased risk of death and serious injury in the months following separation.

Abusive fathers are more likely to fight for custody and not pay child support than non-abusive fathers. Abusive fathers conceptualize fatherhood as a "right" rather than a responsibility. Mothers conceptualize motherhood as a "responsibility" to nurture children and protect the welfare of the family which is not framed in terms of "rights" to safety and child custody for the women who has been abused.

Victims are not more likely to be awarded custody of their children. Abusive fathers are rarely denied visitation rights. This is confusing for a child who witnesses the abuse and is still required to have contact with their violent father. Unless the violence is directly addressed, children may self protect emotionally and psychologically distance themselves from the "weaker" parent. This result can undermine the victim parent's capacity to parent. When the court considers what is in the best interest of the child as required when making custody determinations, the judge is measuring which parent can offer the child an emotionally and economically stable environment with healthy parent child interactions. Custody evaluators sometimes report that children "act up" with the mother, for example failing to recognize the self protective adaptation made by these children. These adaptations or results can mask the true picture.

The existence of supervised visitation and exchange services which can help gauge this impact while monitoring the non-custodial parent's interaction with their children is showing promising impact and reaching families not served elsewhere. These visitation centers are also supervising victim parents who have lost custody and have no other way of safely accessing visits with their children.

## Child Welfare Policy

- Father's rights obligates mothers to allow fathers access with little regard for the mother's safety; mother's welfare obligations obligates women to protect their children from the harm of exposure
- Child exposure not automatically considered child abuse or neglect for reporting to DCFS.
- Given limited resources of DCFS, families with protective factors and children who show minimum evidence of harm benefit more from voluntary services in the non-profit sector

There is a competing public policy discourse between child custody and visitation laws, DV laws and the policy and laws related to child protection/welfare. This discourse reflects the apparent disconnect between, a) the public policy that father's rights obligate mothers to allow fathers access to their child with little consideration for the mother's safety and, b) child welfare policy which obligates the mother/victim to protect their children from the harm of exposure to adult DV. This "conflict" extends into the domestic and criminal court system where the outcomes vary but often fail to aid a victim's efforts to protect her children.

Child exposure to adult DV is not automatically child abuse requiring mandatory DCFS response. However DCFS protocol calls for the victim of DV to obtain an order of protection against her abuser as an indicator of an attempt to protect her child from exposure to ongoing domestic violence. Most Summit participants agreed that not all exposure to DV requires DCFS formal sanction or intervention. One suggestion was that there should be alternative or differential response initiatives within DCFS which would provide an avenue for more voluntary services to the lower risk DV cases. However, given limited resources of DCFS, families and children who show minimum evidence of harm resulting from such exposure and who have protective factors present in their lives may benefit more from voluntary services in the non-profit sector, then those typical of DCFS. Summit participants noted that there are many children seen within DV programs yet dedicated funding for services to these children is extremely low. There are no DCFS contracts for the provision of DV victim services or interventions for the children who have been exposed. DCFS does however provide some funding for services for abusers.

## Current DV Service Response

- 55% of all victim Help Line callers have children (average 2)
- Just under half were between the ages of 0-5
- Focused on increasing venues for screening, support, referral
- DCFS protocols
- Safe Start
- Safe Haven

Over half (55%) of the victim callers to the Help Line reported having at least one child (average 2). Of those with children, just under half were young children between the ages of 0-5. As previously noted, there has been strong advocacy and training efforts which have focused on increasing the venues beyond police response for screening for child exposure to DV, support and referral. DCFS Protocols are in place (discussion reflected in both the first and second Summit sessions' presentations).

Chicago has also been a demonstration site for two important federally funded efforts: Safe Start which is focused on children 0-5 who have been exposed to DV and/or community violence, and Safe Haven which is focused on the provision of supervised child visitation and exchange services. (Appendix I)

## Current DV Service Response

SERVICE TYPE	RESPONSE	CAPACITY
DV Agencies	19 reported providing children's counseling; 8 required parent to be client; Child Therapy Reimbursement Fund; Child Enhanced Services Grant; DV Shelter provides Children a protective environment	1,552 kids got individual counseling; 1,250 group; Limited staff (one/two per agency); Limited funding; Enhanced service 20% focused on strengthening bond with mom; Parenting observed
Legal Services	4 free custody representation 2 of 4 require poverty eligible	Capacity to need extremely low Expertise in private sector low
Supervised Visitation and Exchange	3 free centers citywide Court ordered	Capacity to need extremely low
Abuser's Services	Limited attention to parenting and fathering after violence	Capacity directed to those ordered by criminal court

The *Assessment*<sup>17</sup> documented that 19 domestic violence agencies provided counseling to children. Eight of these agencies required that the parent be a client of the agency in order for the child to receive services. Among these agencies 1552 children received individual counseling and 1250 received group counseling in 2005. These domestic violence agencies provided counseling service to children and their families with extremely limited staff of 1 or 2 people. Services include nurturing self esteem, reducing long term effect of exposure, addressing the impact of past or ongoing trauma, broadening coping resources, providing safety planning and offering age appropriate social, educational and recreational activities. Domestic violence shelter also provides a protective environment where parents are observed. There has been extremely limited funding for these basic children's services in DV agencies mostly derived from Victims of Crime Act (VOCA). There have been some Child Enhanced Services and Child Therapy reimbursement funding which addresses the need for child assessment for behavior problems and specialized therapy beyond the supportive counseling offered by DV children's counseling staff. Of the total hours of enhanced services, 20% of the hours focused on parent-child work.

Of the 8 legal service providers reflected in the *Assessment* only 4 provide representation in custody cases/litigation. Addressing the long term permanent custody and visitation issues without benefit of legal representation remains exceedingly difficult for many victims who lack the resources to pay for an attorney. Of the four custody litigation agency sources, 2 have strict income guidelines for eligibility. This further reduces access to a needed service for victims who require relief related to their children.

There are three supervised child visitation and exchange center with a combined service capacity that is extremely low in relationship to the known need. The three centers accept almost exclusively court ordered cases.

The 9 identified abuser's services in the *Assessment* have placed limited attention on the impact on children and the role of parenting/fathering after violence in their intervention work. Summit participants noted the opportunity exists to work with men as fathers within local responsible fatherhood programs. Summit participants were informed about notable work underway with those who were part of the juvenile delinquency probation program in their work with young fathers.

<sup>17</sup> Landis, L. (2007) *Assessment of the Current Response to Domestic Violence in Chicago*. Chicago, IL: City of Chicago, Mayor's Office on Domestic Violence. The full document can be found on the City of Chicago Department of Family & Support Services web site.

### Next Steps

#### VOLUNTARY SYSTEMS OF CARE FOR CHILDREN EXPOSED TO DV

- Expanded programming within DV agencies
- Partnerships with community-based organizations
- Specialized child witness to violence pilots which stress the importance of mothers in their children's healing and encourage equal regard for the mother and child's safety

As noted throughout the Summit sessions, there is a need to increase voluntary and informed systems of care for children and families exposed to violence. One way that systems work can increase, is to expand programming targeted at children within DV agencies. Work in this area seems most viable because mothers are physically present making access to their children possibly easier, they trust the staff and counselors, and the staff has the DV dynamics expertise. Another way to approach the need to increase services is to encourage partnerships with other community based organizations. This work could lead to improved screening, referral, informal supports or enhanced protective environments and shared expertise in working with children and adolescents who have been exposed to adult DV. As we have learned in past efforts directed at professionals receiving training toward identification of DV victims through screening, there must be a system in place to offer the concrete services other wise the gateway strategy of screening and referral will lag and eventually lapse due to a lack of benefit or measured outcome. The same result could occur with applying this strategy to child exposure.

Specialized child witness to violence pilots could be developed which stress the importance of mothers in their children's healing and encourage equal regard for the mother and child's safety. It is not enough to understand the impact of exposure. Interveners must understand the full dynamic of domestic violence and the impact on the victim and the abuser as parents.

### Goal

- Developing enhanced service interventions and community action strategies that will provide safety and security for all family members and prevent abuse from reoccurring
- For too long services have polarized families from each other and their communities – we must form effective collaborations and build partners to promote safe and healthy families

The goal is to have a variety of stakeholder groups come together to develop enhanced service interventions and community action strategies that will provide safety and security for all family members and prevent abuse from reoccurring. To address the issues of children exposed to adult DV requires collaboration which needs to reflect: DV programs; abuser intervention programs; family, juvenile and criminal courts; responsible fatherhood groups; child welfare agencies; supervised visitation centers; and, community organizers. Services have polarized families from each other and their communities. Effective collaboration and partnerships which promote safe and healthy families essentially requires agreed upon methods guided by a shared mission. Concentrated effort must be placed on measuring community support for different forms of intervention in order to avoid unintended consequences.

While the Summit participants reflected a good cross disciplinary stakeholder group, it was noted that those in attendance for the series session on Child Exposure and Teen Dating Violence included participants who did not attend any of the prior or subsequent sessions. Those who work with children and teens need to understand the systems of support to victim parents and to teen victims and perpetrators yet their attendance at only the session reflecting child and teen in the title seems to indicate that those intersections of vital interests are not evident to them. This demonstrates that services are very segregated and not able to comprehensively address the current needs of the families directly impacted by domestic violence. In these times of limited resources, planning and allocation of resources requires increased interaction between previously siloed areas of interest and expertise.

## Considerations

### SYSTEMS OF CARE NEED TO BE DEVELOPED:

- As part of the community from which women and children come to be sustained and culturally proficient
- Recognizing cultural views regarding mental health service

New or enhanced systems of care need to be developed as part of the community from which women and children come if they are to be sustained and culturally proficient. In addition, cultural views impact how victims can and will seek support for their children. For example, some victims with children avoid services identified as mental health services. Other models for this service may include faith based, family support based, or mentor based approaches. Some communities of color for example have been disproportionately impacted by many well meaning interventions without regard for that particular community's unique contextual experiences or relationship with law enforcement or governmentally mandated interventions.

## Considerations

- Recognition that most children have ongoing contact with their fathers even when the parents are divorced or separated
- Need for focus on both crisis and post separation or longer term interventions to address the impact

Few people in the systems of helping these children seem to fully grasp that children are going to have ongoing contact with their father; even a father who has sexually abused their child often has rights to have protected contact. Services that are developed without full recognition of this fact actually do a disservice to victims and their children by setting up false expectations.

Most of the current response to children exposed to DV is geared to the crisis or immediate impact of exposure to adult DV. Enhancements need to focus on the gaps in crisis intervention while also being attentive to the longer term service interventions. Those interventions need to be fully informed in the dynamics of DV not just trauma informed in order to address the needs of these children and adolescents. Of course understanding the impact of trauma is also vital.

## Summary

- Children's social environments and experiences vary greatly
- The impact of exposure also varies greatly, even in the same family
- Children have a variety of protective and risk factors present in their lives
- This varied group of children deserves a varied response from our communities

Children's social environments and experiences vary greatly. The impact of exposure varies greatly even in the same family by the frequency, severity, and chronicity of the violence in their families. The impact varies by the child's ability to cope with stressful situations and the existence of protective factors such as a protective mother. The impact also varies by the existence of other risk factors which may be present in a child's life like substance abuse or mental illness by caregivers. All of these factors combine in unique ways for each child, likely creating unique impact as a result of the exposure to adult DV. All of these children deserve a response which addresses their needs.

## Summary

### UNDERSTAND:

- The risks & disruptions children face; resiliency of some
- That victims strive to shield and protect their children
- The challenges facing courts, DCFS, and DV agencies

In order to fully address these varied needs requires universal understanding that all efforts must a) consider the risks and disruptions children face when interventions do not support their caregivers, b) account for the resiliency of some children who may require less intervention, c) recognize that mothers strive to protect their children in ways that may not be fully understood, and d) understand the challenges a victim parent faces when seeking safety and assistance from the courts related to protecting their children from the abuser.

In addition the intervention goals for DCFS and DV agencies need to be better aligned to keep women and children safe and hold abusers accountable.

### CONCLUSION: CONNECTING THE DOTS

In order to facilitate the focus group discussion on children's exposure to adult DV the presentation sought to connect participant views from prior sessions to take full measure of the intersections and bridges toward enhancing Chicago's overall response to DV.

## Summary Connecting Dots . . .

- Path ways in and response to adult services is a key part of the family justice focus which will address the impact of exposure on children
- Pathways and protocols in the legal system have a direct impact on the system of response to children exposed
- Developing responses to missed populations of victims and abusers will enhance the reach to children exposed to DV
- Connecting the costs to community

The Summit framing presentations illustrated several points worthy of making connections. One is that victims' pathways into services and the response to adult services are a key part of a family justice focus which might also address the impact of exposure to violence on children. These Family Justice principles were discussed in the first town hall meeting and the second session focus groups. (The final session reflects the scope of this discussion.)

A second connecting point between sessions is that the pathways into and protocols of the legal system have a direct impact on the system of response to children exposed. The variations in applicable laws were presented in the Legal Help System session in detail and reflected in this session as well.

The need to develop or enhance the response to missed populations of victims and abusers will enhance the reach to children exposed to DV. Developing systems that look at children in a vacuum will not reach the very children most often missed.

There are also significant costs to individuals and the community/public in not responding to children who have been exposed. The impact of exposure leads to negative outcomes and sets children up for life long health problems as well as mental health problems. Early intervention using evidence based services to address long term consequences is essential. Interrupting the cycle, providing containment, and long term prevention can aid in bringing health to the next generation.

If this issue is not addressed, it will become evident in the community as community violence, youth homelessness and a myriad of other long term health costs. Remember children who experience child hood trauma, including witnessing incidents of DV, are at a greater risk of having serious adult health problems including tobacco use, substance abuse, obesity, cancer, heart disease, depression and a higher risk for unintended pregnancy.

## FOCUS GROUP DISCUSSION

Summit participants were presented with the following Focus Group deliberation questions:

### Focus Group Questions – Child/Adolescent

- What precludes children exposed to domestic violence from receiving help?
- What do we know about this problem in Chicago?
- How does the quality, quantity, source of help and existence of supportive others in a child's life factor into our responses to these questions?
- What would a response to child exposure be at point of crisis and post crisis?
- What will it take?
- What would do no harm?

Participants were asked to consider what precludes children exposed to DV from receiving help? What blocks them; what paves the path to service and what gaps create pot holes in that road? In asking what participants know about the problem they were asked to contribute what they know from their experience that enhances the framing presentation's representation of the problem in Chicago.

Noting that it is fairly evident that the capacity of services addressing child exposure is insufficient to the need, participants were asked to consider how the quality and sources of help factored into the results. They were urged to consider how the pathway into services is impacted by the existence or non-existence of supportive others or protective factors that exist in a particular child's life. Again participants were reminded that not all children exposed to DV need an assessment and psychotherapy and the challenge is to develop a triage of response to the wide variety of need demonstrated among these children. Participants were challenged to think about how a response to a child who has been exposed to DV would vary at point of crisis and post crisis.

Participants identified the need to set up some priority setting exercises as there are deficiencies in many areas of service to these children. There was a call for further review that would result in greater understanding of the funding limitation and resources for expansion. Examining what it would take to place a variety of responses across a range of services resulted in participants also calling for possible realigned resources in addition to increased or designated funding. Participants were asked how Chicago can avoid unintended negatives or unintended consequences from well meaning efforts. The example of the Minnesota's child welfare laws which named child exposure to DV as meeting the definition of child abuse triggering child welfare service resulted in an overwhelmed system. The intent was to get help to children in need of protection without a recognition that not all children were at risk of serious harm or impact from some exposure to DV. Lacking triage the result was children most at risk were not gaining vital, timely services.

While the facilitated focus group discussion was responsive to the questions time was limited and deriving "final" answers to the questions requires further dialogue. The results of the conversation are reflected in the summary of the final session and within the narrative of this section. However one notable result was there was genuine opportunity for networking, conversation toward building collaboration and consensus of priority and direction among diverse stakeholder groups.

## SUMMIT REVIEW, ADVOCACY STRATEGIES & ACTION STEPS

The final (fifth) session was a half day session at which Leslie Landis, ODV Director/Project Manager presented a summary of the Summit Session Series. She began by reminding participants that the series had been introduced with a specific orientation which had a direct impact on the outcome and nature of the participant facilitated dialogue throughout the four full day Summit sessions.

### Summit Series Review

#### SUMMIT SERIES

- Not a performance evaluation
- Cross disciplinary dialogue
- Participants illustrated commitment to review
- Supports goal of DV integration within DFSS

The Summit series had been introduced as a cross discipline dialogue and not a performance evaluation. The cross disciplinary dialogue was successful. The participant feedback and dialogue uniformly illustrated that there was a significant level of engaged conversation among attendees in both the Town Halls as well as the Focus Groups. The participant review and dialogue were successfully conducted with concentrated attention at breaking down impediments for victims' pursuit of safety. Seemingly reflecting the fact that many participants were ready for this dialogue, participants did in fact work at thinking beyond criticism/beyond performance evaluation toward a vision for what could be. The fact that 83% of those invited attended and that of those who attended, over half attended three or more of the four and a half sessions was seen as a measure of success and willingness to engage in this cross discipline review.

Participants uniformly expressed in evaluations and feedback that opportunities for cross disciplinary conversation like those represented in the DV Summit do not come along often enough. **One key and primary recommendation offered repeatedly in feedback from participants was that the ongoing cross discipline dialogue must continue with the Summit results serving as the base line for further cross disciplinary strategic planning.** Participants were encouraged to make suggestions about how that should occur following the final session summary presentation.

A few acknowledgements were made including the fact that funds raised by the former MODV as part of its historic community mobilization efforts supported this Summit Series. Additional support was provided by DFSS. The results of the Summit will enable the former MODV now the Division of DV within the City of Chicago's DFSS to more fully integrate and embed these issues in the social service/human service delivery areas under its new department. During the fourth session, Mayor Daley had expressed to all participants a desire to review the recommendations that result from this Summit and the follow up efforts that occur. The City is committed to progress in the response to DV so the Summit results could influence that effort.

Noting that the Summit represented a huge project effort for a four person division/office, Leslie thanked the staff of ODV: Gail Woods, Coordinator of Special Projects; Ebony Dill, Coordinator of Research and Evaluation; and, Tina Jackson, Staff Assistant for their efforts at making this Summit a success. Leslie also thanked the members of the Mayor's DVACC that formed the planning committee and those who served on the planning topic work groups which lead to the Summit. She noted that Town Hall and Focus Group facilitation was outstanding and the volunteer note takers were vital. (The names of those who facilitated and note takers are referenced on Appendix B.)

As many participants had requested a list of those that had attended the sessions in order to continue to network, that list was prepared and distributed. An updated version of that which was distributed is reflected in Appendix B. The list reflects success at achieving a range of stakeholder participation in the Summit Series. Many others who were unable to actually attend have requested copies of the final report. Representatives of CPS, CPD and key private funders had already approached ODV about specific follow up meetings. Numerous requests for the Legal Help System's process maps had been received to be used as a tool for training of DCFS, court personnel and advocates.

Leslie reported that in preparing for the final session wrap up she had reviewed all of the note taker records, large post-it notes created during the sessions, facilitators debrief sessions and notes, as well as every participant feedback sheet from all four summit sessions and culled out the repeated concepts, ideas and themes. The final session reflected these reoccurring concepts, ideas and themes back to participants with time allowed for open discussion to be incorporated within the final Summit Report. Leslie noted that the participant feedback forms provided rich additions to the prior session notes allowing for expansion on the ideas captured by note takers which resulted in a more thoughtful and informed final report. She noted that the volume and content of feedback forms was impressive and thanked the participants for making the effort of completing those feedback forms on every session. The fifth session included another feedback/comment form. Participants were also asked to complete a final overall evaluation of the series. Participants were informed that the Summit proceedings final report would provide the detail that would help shape a working agenda for everyone to consider in their own spheres of influence.

## Domestic Violence Summit Series General Approach

### REVIEW

- Response from victim/consumer lens
- Victim needs based on their lived experiences and help seeking efforts
- Current service capacity and gaps

### IDENTIFY

- Areas in need of enhancement, adjustment, or reform
- Future directions, research, policy and advocacy steps

### BUILD

- Greater understanding and commitment to this issue across disciplines
- Renewed and shared vision to ensure cross discipline effort
- Stronger collaboration, integration and coordination of services

Reflecting back on the general approach which had been introduced at the beginning and repeatedly throughout the series, the final summary began by asking “Did we do what we said we would do?”; did participants “Review, Identify and Build” as called for under the Summit general approach? Participants were urged to continue their review from the victim’s perspective in their final session conversation as well as in their follow up efforts. Participants were asked to once again affirm the fact that reforms which address the victims lived experiences and needs, will also lead to reform in addressing the needs of children who witness, as well as both teens and adults who commit this abuse and violence. Participants were asked to continue to examine response enhancements mindful of victim help seeking behavior and how that intersects with the nature and impact of the abuse experience illustrated during Summit Sessions One and Two. Such an examination provides context which also serves to identify which families and individuals are missing and why.

Participants identified over and over how response efforts are siloed and the impact that has on those in need. Participant stakeholder groups had identified areas of shared concerns while acknowledging diverse expertise and experience which reflects a true measure of Summit success. The Summit broadened the analysis by engaging more stakeholders.

Participants acknowledged a key fact that part of the responsibility for the service silos rests with the funding methods and limitations. Participants recognized that funding for DV must diversify; expanding the focus to other non-DV designated funding to serve those impacted by DV as an embedded issue in segregated agency service populations. This calls for planning among funders, both government and private sector. For too long funders have indicated that DV was not in their scope of giving, failing to make the connections, recognizing intersections with the areas within their scope of private sector giving or within mandates of public funding.

While the current response is guided by varying principles, mandates and funding criteria, participants at this Summit did embrace shared responsibility for the state of the response to DV today. During the Summit, progress was made toward achieving greater understanding, knowledge and appreciation of one another, recognizing no one knows everything, while beginning to become more accountable to one another.

Ideas for stronger collaborations, integration and coordination of services began to emerge. While the Summit had sought the outcome of specified enhancements and new service models, the Summit time was not sufficient for fully achieving those ends. Participants indicated that those specific Summit outcomes were difficult to achieve as enhancements and new models are not easily identified as the persistent issues or challenges are complex. Participants indicated the need to share thoughts and ideas before specific action steps/models emerge as consensus. This was not surprising because if improvements and progress in the response to DV in Chicago were simple the Summit would not have been necessary. Despite the fact that some of the “specifics” sought after under the Summit approach were not fully realized, participants evaluated the Summit as useful and positive all along the way. The fact that the Summit presented information which helped frame the cross discipline review contributed to and advanced efforts toward developing new models or enhancements over time.

# Transformational Leadership

## IDENTIFIED THE NEED FOR TRANSFORMATIONAL LEADERSHIP AGAIN

### Less than a lifetime ago

- DV was “behind closed doors”
- Doors to assistance exist

### Take it 5-10 years into the future . . .

- Embrace the task of moving forward
- Aspire never settle—no retreat

One of the primary findings/recommendations from the Summit was that participants **identified the need for ongoing and renewed transformational leadership**. During the Session One review of the history of DV response, participants were reminded that less than a lifetime ago DV was “behind closed doors”; that the response reform took the shape of DV shelter and OP as tools for victim safety; the criminal justice system was used as a tool for abuser accountability. Now taken for granted, these reforms reflected transformational work resulting in many additional doors to assistance existing today. While there were numerous comments made during the Summit that the DV community resists changing their approach and response out of fear of displacement or fears based on possible limitation of their involvement or ability to control the response, it was noted that this same point could be made about the substance abuse, mental health, education, child and youth service providers, the police, the courts, DCFS, government and private funders and so on.

Another positive outcome of the Summit is that there was general agreement that this siloed work has not always served the very people we hoped it would. The Summit goal of looking into the future (5-10 years ahead) did allow participants to seriously think about whose agenda was actually being served, those in need of assistance or those professing to be providing it, offering that this goes for all the systems not just the DV community. Participants were poised for new ideas because of the transformational leadership of the DV advocacy movement, one that reflected a social change agenda as an integral part of the DV service delivery model developed to address the full dynamics of domestic violence primarily as a response to wife battering.

The Summit charged participants to take the response forward 5-10 years into the future. Participants did embrace the task of moving forward and the results of this Summit reflect that **the vast majority of people are open to change**. For some the change translates to enhancements and improvements on what is and for others it is greater than that. In either case Chicago stakeholders will need to aspire and never settle in order to reach the next level of this vital work.

While participants agreed that the services a person gets should not be determined by the door they walk through, it is also equally true that the knowledge and expertise to do no harm in responding to people in need of assistance related to DV varies widely. For those who do have expertise and knowledge regarding the dynamics of the DV experience, the fear that a call for integration and embedded DV response in broader systems could serve to dismantle progress made and return us to a system which failed to acknowledge the social and political influences, is real and should be acknowledged. The fear of pathology as a result of a trauma orientation and a focus on clinical response as a replacement of the safety and accountability response should be acknowledged within the context of the historical and societal failure to address battering until the social change agenda was introduced through the violence against women movement. It took just such a movement to get us to acknowledge that DV was an issue at all. Violence against women is a civil rights issue nested in the lived experiences of those directly impacted creating trauma and a need for community, family, trauma informed mental health, and legal system accountability.

During the Summit and on feedback forms some participants remarked “let’s go back to how it was done before systems” of response to DV were developed. Caution around the expression of such sentiments was urged because DV was behind closed doors before this movement of DV providers developed. Now at least DV is

visible. It is clear that there is measurable impact in ignoring it and high costs in not responding. Participants were urged not to retreat as we seek to address our next developmental stage. At the same time there was clear acknowledgement that the response needs to open up to more stakeholders as a result of what has been learned about what today's victims indicate they need.

Recognizing that the pathways and doorways to assistance are far from easy for victims to access, key overarching recommendations or concepts emerged clearly from the Summit:

## Meeting the Needs of Victims

### PRIORITIZING THE GOAL OF MEETING VICTIM'S NEEDS REQUIRES THAT WE . . .

- embed DV knowledge in all response systems
- break down the silos of response and funding
- develop model(s) for essential collaboration moving beyond coordination/referrals
- recognize and define the need for differential responses
- regain the political commitment and priority

Another solid Summit recommendation called for the Chicago response to **embed DV knowledge in all response systems** which can result in an informed result no matter what door a victim passes thru remembering to approach this from the victim's perspective not the systems perspective. This will serve to break down the silos of response and funding.

The call to **develop models for essential collaboration moving beyond coordination/referrals while recognizing that this requires defining the need for differential responses** was clear. In order to prioritize this goal of meeting victim's differential needs requires **regaining the political commitment and priority to make change**. Details, models, methods, challenges as well as policy and legal reforms were offered by participants and further analysis of these ideas is essential as a follow up to the Summit. Some key "who, what, when, where and how" issues were flagged but time did not allow for priority & consensus building during the Summit. What did take shape was the identification of essential considerations and some steps for change required for systemic reforms.

There already have been some transformative results as evaluations by participants reveal that true networking occurred throughout the Summit. Cross discipline conversation and sharing of ideas served to clarify impressions and gain more commonality of understanding. The series helped to facilitate trust and relationship building which is vital to Chicago's continued progress if we are to meet the needs of today's victims.

While additional details for change were offered by participants, the final session presentation includes recommendations that cut across all issues and populations affected by DV; adult victims and abusers, teen victims and abusers, and children and adolescents who are exposed to DV.

Even the segregation of the topics for the Summit sessions resulted in instances of siloed attendance reflecting the ongoing need to continue to make every attempt to "connect the dots". Adult victims' needs are served when we examine the impact of DV exposure on their children; when we look at the accountability and reform of those who use violence and abuse those in their intimate relationships, we serve victims and child witnesses. When there is help for the protective parent we are serving children exposed. This circle of intersections continues.

Many participants noted that the Summit called for looking at the need to improve response at a time when resources are limited. Some providers feel vulnerable now. Others indicate that the political and economic issues we face in fact necessitates that we examine the response and approach this as an opportunity to address reform rather than have it thrust upon us due to a lack of planning and discussion driven to consensus. This sort of discussion serves to push everyone beyond their comfort level and in that regard the Summit did not fail. Participants agreed that coordination and collaboration are key elements of moving the discussion forward positively.

## Coordination, Collaboration

### “WHAT DO ALL THESE SYSTEM FAILURES TEACH A VICTIM?”

*Historically* victim safety & abuser accountability goals resulted in the call for *coordinated community response*

*Today* reform calls for *victim centered collaborations*; break down of silos that are reflected in funding and program approaches; move beyond referrals and protocols of coordination

Historically, in order to achieve the goals of victim safety and abuser accountability required the breakdown of barriers to services called for under a coordinated community response. This principle or concept of “coordinated community response” is reflected in the national reform models and funding approaches of the federal Violence Against Women Act (VAWA). Summit participants concluded that the **coordination model requires reform and must move beyond coordination to real victim centered collaborations** reflecting advances in understanding and analysis of the issues faced today.

The fact that service responses remain largely segregated despite advancements in protocol development faced little disagreement. Real coordination is elusive or minimal. Even in areas of heightened reform and priority like the DV court and the CJS response in particular, participants noted “We cannot get the CJS to work efficiently together...how do we get all the systems to work efficiently together?” Again, it was noted obstacles to tighter coordination are a reflection of siloed funding, service measures and mandates as well as some philosophic approach differences. The issue was summarized best in a question recorded in the notes “What do all these system failures teach a victim?”. From the victim’s perspective, ease in access and a coordinated response to her needs remains elusive or insubstantial. Participants acknowledged that one response will not address all needs and made a recommendation that there are differential experiences which require differential responses. A system of triage with full recognition of the scope of violence/abuse/coercive control/battering must be developed. To advance this differential response recommendation, called for throughout the Summit, required connecting the dots from prior sessions.

## Connect the Dots . . . Differential Response

- Adult victims and those who commit DV encounter pathways for assistance every day in multiple and diverse ways
- No one response is right for all
- There are “stages of change” and a response may have an immediate or subsequent impact
- DV is nested in people’s life experiences

All of the “connect the dot” points were met with agreement among participants. Victim pathways are both formal and informal, not all pathways lead to assistance which is DV mission driven or set up to respond to this issue in a knowledgeable way. No one response is right for all. The current response misses people who have been impacted by DV because the response offered is not right for them or does not meet their priority of need. This requires a defined triage system that enumerates the differences and the resulting needs and priorities of the victim, child witness and the individual who commits the acts of abuse and/or violence.

Nested within a recommendation that calls for differential analysis of each experience, there are the “stages of change” which also help further define the range and scope of responses to individual victims and those who use violence/abuse at a given moment in time. Also DV may be one of many issues a person faces and the response needs to be aware of each individual’s experiences of oppression, life time exposures to trauma and/or exposure to community violence or poverty.

## Differential Response

### “MY PROBLEM IS COMPLEX, BUT PLEASE KEEP MY SOLUTION SIMPLE”

- Need to put victim back in charge versus needs of the system—options/self determination with ease in access
- Full recognition of the context of the violence and the lived experiences of those who have experienced it

**Victims should have options and be supported in gaining necessary support and information toward empowered self-determination.** The coordinated response presently reflects the needs of the system; how do we exchange information; how do we refer to one another. These “coordination relationships” are about how to get a client the service they need from another part of the system and then hand them off without sufficient attention to development of a real continuum or follow up response. The victim is the responsible party; she serves as her own case manager which reflects the principle of “self determination” in the extreme and may not actually support her help seeking efforts at a time of crisis, recognizing the impact of trauma. Self determination requires empowerment through knowledge and support where necessary which is not easily obtainable for the vast majority of victims. **The response system needs to make real the options presented to victims and then ease the victims’ access to those options.** Moving forward toward advancing that end necessitates full recognition of the context of the violence and the lived experience of those who experience it including the identified intersections of economic resources and oppressions and other trauma experiences clearly discussed during the Summit. One participant put it best when she indicated that many victims express, “My problem is complex, but please keep my solution simple.”

## Differential Response

Requires further definition that enumerates the differences and the resulting needs and priorities of the victim, child witness and the abuser

Followed by individual application reflecting the stages of change to define the range and scope of response to each person

Summit participants recognized that creating real models of collaborations which break down the response silos, again clearly calls out for further definition and triage of experiences and impact. To get to advanced models participants assert requires a kind of triage/differential response review which will help achieve unified understanding, shared vision and purpose, goals and outcome measures. The differential response was not a call for a hierarchy of need but rather a review of a pathway and service response differential. Triage analysis calls for individual application of resources reflecting the victim's resulting needs and stage of change to define the range and scope of response to each person. Summit participants concluded that descriptive "language" helps define our analysis and some words reflect the reality of some experiences and not others. Some of the specific reforms or models called for by participants during the Summit fit some but not all experiences. Participants concluded that lacking this differential response and triage analysis there is less possibility for successful victim centered collaborations, breaking down silos of response and funding.

DV victim service providers' and advocates' anxiety or concern may not be as much about displacement as it is about fear of the harm that can occur if a system fails to acknowledge the need for this differential responses. The DV service providers built a DV system response to address the adult intimate partner battering relationship which addresses the safety needs of battered women and sanctions and holds accountable those who batter with an awareness and attention to the full dynamics of power and control. Lundy Bancroft put it best in his book "The Batterer as Parent Addressing the Impact of DV on Family Dynamics". He wrote, "The battering problem has unique etiology and dynamics and cannot be reduced to any other causes such as substance abuse, mental illness, or a violent personality type. Effective assessment and intervention with families affected by DV requires a grasp of the central elements of the battering pattern and of the dynamics that it may set in motion in a particular family. Cultural and class awareness are also indispensable, for the social context in which the parents live shapes their behavior and their real and perceived options, which in turn shape the children's experience."

The language used to develop the differential response should aspire to reflect the shared goals without losing context from which original DV principles were derived. The full context of the severity, frequency, scope and chronicity make a big difference on the impact on those who experience or use DV, both in the short term and long term. The recent attention or reflection on the application of complex trauma syndrome to DV cases discussed by many Summit participants reflects this recognition as it is essentially about multiple exposures to trauma in the lives of people who are impacted by DV experiences.

As we reviewed the need for better collaborations from the victim's perspective, the use of language was viewed by some Summit participants as a barrier. For some it is a barrier for others it is validating what had been historically denied. Participant feedback forms included many statements like "language is a barrier to victims/abusers/public" calling for dropping descriptors of "victim" and "perp" calling for others to begin to think of

DV as something that happens in a context of living in a violent society. There were participants that expressed the view that DV is a sub set of all forms of violence; gangs, guns, community and youth violence. While other participants clearly understand the intersections of these experiences of violence in the lives of people impacted by DV, they indicated that there are some experiences of DV that reflect the dynamics of battering and require differential responses from other forms of violence.

## Language as a Barrier

Today's definition of DV is broad and encompasses violence and abuse within a set of relationships.

**Triage definitions** resulting in differential responses must occur to address the dynamics of lived experiences without minimization of the behavior and impact

Today's legal definition of Domestic Violence is broad. Some forms of it are criminal; some forms of abuse are not violent and do not rise to the level of a crime like domestic battery but do fit legal definitions of abuse under the IDVA allowing for protections such as OPs. Still other acts of violence are not severe or frequent or chronic.

Then there is battering which reflects a range of behaviors that one person uses against another in order to exercise power and control over another. This form of domestic violence includes elements of coercive control. For those who developed responses to battering giving up the language of victim and perp/batterer/abuser negates the violence experience that is unique to this dynamic. The entitlement of those who commit battering and failure to be held accountable for their own behavior is a key element in abuser services which could easily be lost if we treat all who commit acts of DV as individuals who will seek out voluntary services if we just offer them.

Having noted this challenge Summit participants called for further **examination of the response to the abuser. Recognizing that abuser accountability is more than punitive sanction, participants indicated the need to study and evaluate what motivates abusers to change.** It was also noted repeatedly that men in general need to step up and be heard on these issues; helping to reshape the social and political context that leads to men's use of violence against women and children. This was particularly true for teens who commit TDV.

## Language as a Barrier

Legal definitions and language

Clinical definitions and language

Community action definitions and language

Policy and funding definitions and language

In reviewing all the notes and comments by participants, Leslie noted that key concepts were relayed in the language of the stakeholder including legal, clinical, community action, and policy funding definitions and language. Where the language and definitions varied represented another reflection on the silos of response. Shaping the use of language to speak to the triage of experience and need will enhance the goal of engaging the community as a key and often neglected stakeholder in our response. Participants had called for **engaging community mobilization strategies** as another fundamental recommendation which can be impeded by descriptors/language. When one listens to the legal, clinical, community action language and deciphers the meaning, trying to engage in “universal translation”, there is actually more agreement than disagreement in the sentiments and concepts being expressed. The agreements sometimes get lost due to a lack of responsible and respectful translation. However, language is more than semantics sometimes so participants called for the examination of the concepts behind each to achieve universal understanding. **Shared definitions and knowledge translated to practice would be the goal.**

Another consistent recommendation by many Summit participants was the call for loads of **training across all sectors**. Cross training between stakeholder groups is a method toward meeting this goal of achieving greater understanding, shared definitions and knowledge. Training recommendations included the call for cross discipline/job sharing orientations. Participants also recommended that the training content move beyond the 40 hour DV curriculum content and that training move beyond the present focus of the DV provider model to the exclusion of others. Participants indicated the need for training geared to community stakeholders that is accessible in its scope, cost and language/focus. Community residents or concerned neighborhood groups may not require 40 hours of training to serve as an informed conduit or a gateway to service for those impacted by DV in their community. Everyone agreed that the impact of trauma is an essential part of all training in order to ensure that the community and all parts of the formal response system understand the long term impact of this form of violence on us all.

In general the theme of greater collaboration was present throughout the Summit feedback and discussions. These themes including:

## Collaboration Themes

- Break down silos for ease in access
- Build triage system for differential responses
- Build models of collaboration—family justice models
- Build screening, risk assessment and evaluation models that fit triage approach and advance differential responses
- Build a continuum of service

The first two on the collaboration theme list have already been summarized as they are foundational for all the others. The Summit participants did identify some new models and sometimes new venues for intervention and collaboration. For example the sentiment that we “move beyond the limits of the justice system as the center of response” was repeatedly expressed. This sentiment did not reflect a view that the justice system (legal help system) has diminished response responsibility. The view expressed was that the legal and law enforcement response is a vital part of the response. The participants called for the **legal system response to be taken to scale by recommitting to better coordination and true implementation of the IDVA, reflecting its scope and depth of intent**. Participants noted that the justice system response seems to be ready to move forward/beyond the original criminal justice reforms derived from the initial transformative work of the battered women’s movement. There were many suggestions for enhancements to the coordinated systems currently in place.

In general the participants stated that all models of collaboration should reflect an “us” approach---share specialized knowledge and services in a purposeful way while ensuring that the victim not lose her voice and self determination. Feedback from some participants is captured in the remarks of one, “While the response may not be seamless it needs to seem seamless to the victim.”

Participants called for building not just a network or safety web. They called for **building a strategic plan that includes a network of differential responses based on individual needs and experiences.** Some called this the kaleidoscope approach where different pieces fall into place based on the needs of the victim; not a static response. This approach would also account for the protective factors in the mix of community and formal systems of response that exist in a victim’s life. This analysis also applies to the person who commits domestic violence.

Participants indicated that advancing the theme of collaboration required **building screening, risk assessment and evaluation models that fit the proposed triage approach and advanced the differential response.** The recommendation called for screening beyond bruises in order to fully address moderate, intermediate and extreme violence and abuse and battering. Screening and risk assessment needs to account for sexual violence, isolation, exploitation, economic dependency, harassment, stalking and the use of the children as a tactics of ongoing abuse in addition to the physical violence. The role of screening was recognized as a triage gateway to action and intervention. Participants wanted it noted that screening as a gateway strategy had not advanced the response to include a real continuum of services. It is uncertain if these screening practices move a victim from one time system use toward more comprehensive and longer term interventions; moving from crisis to healing; violence to health.

Participants recognized the need to **build a continuum of service.** The Summit discussion called for examining models that include follow up and better outreach; not requiring the victim to do all the help seeking while easing the access to service supports. The continuum needs to also recognize the role of natural/informal support versus formal systems and that the community is a stakeholder. Community support both formal and informal can empower victims in unique and vital ways. Those same sources can hold those who commit domestic violence accountable through both formal and informal sanctions. Participants noted not everyone requires service and that “social service” reliance often removes the role of community with negative consequences for those directly impacted by domestic violence. Vital sources of housing and jobs, child care and financial and emotional support are lost when this over reliance occurs.

## Collaboration Themes

### ESSENTIAL ELEMENTS OF COLLABORATION:

- Time & openness to change
- Power sharing/safety/trust
- Involve more than two agencies
- Shared goal and vision among stakeholders
- Defined work plans/common assessment/screening tools/triage

Acknowledging that building collaboration in times of inadequate resources is hard due to competition, participants began to devise the essential elements of collaboration. What would it take to achieve genuine collaborations? Everyone agreed that building real collaboration is time consuming and does not work unless participants are open to some change. Everyone agreed that power sharing builds safety and trust among those who collaborate. When put into practice these goals can result in hard questions requiring resolution by the collaborative. Participants did agree and acknowledge that co-location of services does not necessarily mean cooperation or collaboration.

Questions arose around how do you integrate but still provide individual service response? How do you address the issues of confidentiality so that the original intent does not inhibit the quest for assistance by victims? Issues of confidentiality had particular applications to teen dating violence and parental notifications for example. There was discussion related to **examining the basis for confidentiality and the limits to see whether there is a need for some reforms.**

Collaboration requires significant planning and there is no funding that supports that effort. There needs to be recognition that creating collaboration is a victim service. Building a model together does constitute service for the people impacted by DV. A sentiment repeated on participant feedback forms and discussion is best illustrated in the remark that a victim who receives services within a collaborative model even if not perfect will say, “So many people working together that cared about me...” To achieve this result for victims requires shared vision and goals among collaborative partners. Mutual knowledge and understanding of the goals needs to precede efforts to embed services within collaborations as too little knowledge about DV is a dangerous thing. Developing some understanding through some common defined work plan which includes elements of assessment might be a place to start.

Several ideas emerged related to common assessments that may take the form of common elements or evolving assessments that play forward through collaborative partners. A concern about sharing levels of client information versus confidentiality (who needs to know what and for what purpose) is a key area for further review requiring solid specific recommendations before common assessments can be implemented.

Screening tools that reflect elements that help assess and triage people to services would be useful. However the triage only works if there is action/intervention beyond screening. Without access to follow up or follow through those who screen will cease to do so over time. However all of these screening and assessment concepts must be viewed through the lens of the victims in order to ensure that the tools are responsive and not a barrier to getting their needs met.

## Collaboration Themes

- Data systems with confidentiality firewalls
- Measures for successful collaboration
- Training which tracks to increased knowledge and improved practice
- Commitment to evaluate, reconcile and reform
- Sustained funding for collaborative models

Concerns about data and/or the lack of good data as well as defined and agreed upon outcome measures was a common theme heard throughout the Summit. It is notable that the lack of good data serves to greatly inhibit planning and collaboration. Data systems with adequate confidentiality firewalls so that analysis could occur was discussed by some participants. It was also noted that while different programs may have internal data that is better than the data systems which aggregates program data, it is never analyzed in conjunction with other data or information which might lend itself to discovery of trends or measures of success or areas for further evaluation and reconciliation or reform. Research efforts have been limited or have had their findings challenged by some in part due to these issues.

**Measures for successful collaborations need to be developed and not be limited to quantitative measures alone.** To improve and advance training there is a need to understand the gaps that exist between training, acquired knowledge and practice breakdowns. Participants agreed that there needed to be a commitment to evaluate, reconcile and reform our systems of response. There is a remaining need to learn more about which populations are not identified, reached and served. There is also a remaining need to learn more about the impact of service beyond just the number of people and hours of service that was provided.

**Pilots and collaborations require a “funding trust period”, technical assistance and opportunity for strategic conversation, planning and evaluation.** Collaborations need to be able to learn what does not work without penalty of losing funding. Of course failing collaborations should not be supported over time but the call for a fund trust period reflected the fact that pilots do need to be adapted over time. We need to be able to take things to scale and make good on our commitments to the community served.

In addition to the Collaboration Themes, themes related to Accountability were offered by participants throughout the Summit.

## Accountability

- Accountability of abuser is not just about sanctions/penalties
- Motivate change in abusers
- Accountability to community
- Systems must also be accountable for the response to both the victim and the abuser
- Funders and other officials need to be accountable for their role in priority setting

Participants in nearly every session raised the questions, “How do we reach abusers? How do we assess their capacity for change?”. All of the discussion related to developing a system of differential response applies to abusers as well. The complexity of this issue was evident. Participants grappled with how to answer tough questions including “How do we motivate change if facing jail or a criminal conviction has not been a real deterrent? How do we address the abuser’s role as a parent who has exposed his child to his acts of abuse and violence? How do we provide incentives to stop and get help?” The substance abuse treatment model that intersects with the legal system in ways similar to DV has created awareness among those who abuse substances that voluntary help is available. Employers send substance abusing employees to rehab as a condition of continued employment for example without court involvement. Participants also questioned how to ensure accountability in maintaining the rehabilitative/recovery process of abusers over time.

Participants also discussed community accountability. There is a need for community leaders to be identified as champions in addressing DV. **The role of men in this struggle to end DV needs to be strengthened and move beyond passive support to bystander action and engagement.**

Staff who work within programs must be held accountable when responding from personal views which are not in line with the agency policy/philosophy. There was a call for improved staff supervision which allows for the development of skills among staff. The goal would be to have all staff able to help create individualized service plans for those they serve within a range of best practice in a triage model.

Sources of informal support such as family, friends, peers, co-workers, faith congregations need to be accountable for their response as well. Clearly many of these people are making referrals and reaching out on behalf of those who are impacted by DV<sup>1</sup>. However the DV homicide data would indicate that in some instances failing to act may have contributed to a homicide.

Funders and public officials and the media need to be accountable for their role in priority setting. If we are committed to addressing DV there must be clear connections reflected in family related policy with activities addressing safety in family and intimate relationships as a part of safer communities. This approach may increase allies in building an accountable and collaborative response to DV.

## ENHANCEMENT AND MODEL IDEAS:

Throughout the Summit participants offered enhancement ideas or collaborative models for review. Time precluded full examination of each in order to gain a sense of support. However many of the models offered reflect adaptations or collaborative concepts. The models that follow are listed in no order of priority.

### General Models for Review

- Outreach /follow up/portable rather than victim initiated
- Faith based mobilization
- Bystander interventions
- DV first responder team
- Family Justice Centers (Integration) (service mall)
- Child Advocacy Center model applied to DV ( co-location of legal and service response)
- Cooperative case management
- Consultation model (LANS)

The idea that victims must initiate contact before getting services resulted in a call for proactive outreach and/ or follow up to the victim model. The idea that the response be portable or “on the move” was offered. Participants reflected the sentiment that the staff need to get out of the office. This sentiment was especially true when discussing teen dating violence. Other participants identified the idea of applying a “home visitation” model. Some participants held the view that this might work well with some cultural groups or other groups of victims not being reached presently.

<sup>1</sup> Session One and Two reference the role of concerned others and level of referrals to the Help Line and victim service providers.

Participants called for the continued development of faith based mobilization as part of the continuum or part of the collaboration.

Bystander roles were discussed as part of the response focus. The model and some of the discussion is captured under the Teen Dating presentation.

The Family Justice Center model was discussed often throughout the Summit. The discussion of this model is reflected in Legal Help System Session Three narrative. Further review of this model might include a geographic/ sector response which would serve as a networking hub. It might include co-location of some services with follow up service offered at a network of locations. It was noted however that FJC models do not include abusers services. Where most successful, police and prosecutors are part of the FJC but do not house it. The key elements of this model call for the commitment of resources at one location by numerous partners. For Chicago this might take the shape of numerous agencies covering a range of key services sharing locations with assigned times, agreed mission, work and protocols of interventions and defined data shares, etc.<sup>2</sup> Some participants called this a social service mall. It is important to note that FJC models do not force a victim to use “all” the services so the services are voluntary. Participants noted that there would need to be some incentive for agencies to sign on to such a model.

Participants offered the Child Advocacy Center model as a model for exploration. While similar to a FJC this model does differ in that among the entities housed within the Child Advocacy Center there is no separation of response. Focused on child abuse and the legal response to it, the lines of confidentiality and coordinated roles are defined.

Still other participants indicated that a Cooperative Case Management model which results in a safety network should be developed without need for co-location. The view was that this model would involve more than referral followed by tracked outcome. It would require overt interaction among the agencies not just exchanging the personal information of those being served.

The consultation model ( similar to LANS) where agencies meet to review a case and case manage that families need among the services participating, was also a model which some participants thought should be reviewed for application to DV.

## General Models for Review

- Balanced and restorative justice
- Technological system of shared info and assessment which follows family from service to service.
- DCFS/DV combined pilot
- Housing/economic/DV pilot

<sup>2</sup> Other successful models utilizing the core concepts offered as examples by participants included work force development one stops, or CORE Center which was a model for HIV services.

Throughout the Summit there was discussion on applying concepts of balanced and restorative justice to DV and teen dating violence in particular. It was interesting to note that many people discuss this model as “restorative justice” omitting the “balanced” language from the model. A number of related concepts were offered including community justice resourced circles or creating space to talk about the impact with the couple seeking accountability to victim, family, friends and others who matter by the person who has done harm. Participants discussed how one deals with the family as a whole depends on the stage of change and the differential response required after assessments. Discussion and feedback statements by participants indicated that restorative justice models may have effective application in a set of cases in which the victim intends to stay with the abuser but try to stop the DV by placing focus on the harm/impact of the abuser’s behavior. The intervention seeks harm reduction and accountability; support for reform of the person using violence or abuse tactics; motivating the abuser to change by including informal as well as the formal sanction of community/family/friends.

Participants noted that for victims who want to leave and end the relationship the current DV victim service models including the use of the courts often work.

Feedback was offered by many participants that we need to look for the POWS or those in need of service but lost or unidentified. Some victim populations are not seen in our data and/or we do not know where they go for help.

Participants indicated that teen dating violence requires a response that is targeted also at teen cultural messages and peer influences.

Post separation differential response needs to also deal with the family after the violence ends to ensure that the abuse tactics end and reconfigured relationships are as positive as history and current circumstances permit. Participants recommended that there be a pilot program which combines housing, economic support and DV counseling with the specific model not identified.

**Again the need for further dialogue toward achieving consensus around the development of shared information related to service, assessment and triage was raised in response to almost ever model offered.**

## Specific Teen Model Review

- Safe space — culture of calm schools
- Peer led mediation /peer juries
- Balanced and restorative justice; healing circles
- Harm reduction models
- Teen web or help line
- Bystander models

There were some additional models offered specifically in the area of teen dating violence. CPS has directed a recent focus on “culture of calm schools”. Participants noted that this safe space, culture of calm pilot should also embrace the issue of teen dating violence to address and develop bystander interventions. Other safe space for teens like school health clinics or external Planned Parenthood sites or park district programs could also offer a venue for safe disclosure and education of teens.

The influence of peers was noted in the Session Four presentation on teen dating violence. As peer influence is such a catalyst for reaching those impacted by this violence, participants called for educated youth ambassadors leading to youth informed and created interventions.

Models which called for peer led mediation or peer juries to expand their mission to include teen dating violence in purposeful ways were offered. Participants noted the model of healing circles or other applications of balanced and restorative justice principles applied to teen dating violence requires evaluation.

The call for evidence based research which follows up to determine a sequential, restorative and transformative result which leads to a goal of empowerment, building connection and empathy was offered for all teen related interventions.

Other participants suggested models which incorporated concepts of harm reduction/safety planning/capacity and skill building for young victims. One such specific model was the “my sister’s keeper” model.

The idea that teen victims are not generally calling the Help Line resulted in discussion regarding the possible adaptation or addition of a teen web based help line. Teens could call anonymously allowing for relationship building addressing teen confidentiality concerns without need of worry about the limits of time offered in the restricted five counseling sessions without parental notification.

All discussion of teen dating violence models called for those to be youth informed. Many participants indicated the view that police should not be the lead on teen dating violence. Nearly everyone agreed that current TDV 101 is not enough to address the complexity of the issue. Again the sentiment “my problem may be complex but my solution needs to be simple” was expressed in relation to teens. Caution was offered repeatedly by participants that we need to stop demonizing youth and apply an asset based analysis.

Participants reflected that CPS policy must also implement specifics arising from ESSA<sup>3</sup> efforts. Counselors and after school personnel should be actively engaged in the CPS response. CPS should examine the “at risk youth” intersections with teen dating violence. CPS can further advance this topic within its social emotional learning efforts. Some called for a resource person for school clusters.

Overall participants indicated that clear intervention strategy was required to address teen dating violence. As youth are urged to disclose and bystanders are more fully engaged, there should be a well-known, clearly developed response action triggered once a disclosure has been made.

## Specific Child Model Review

- DCFS/DV pilot
- Core service at all DV sites
- Assessment where child is naturally
- Home visit model
- Use of mental health consultants (pre-school)
- Center for Excellence (FJC)
- Supervised visitation ( therapeutic)
- Parent cafes
- Court based responses to visitation and custody issues
- Models that work with fathers to learn to confront and account for their own DV acts in order to parent

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<sup>3</sup> Ensuring Success in School Initiative described in Appendix F

As with teen models, there were some additional models/enhancements offered specifically in the area of child exposure to DV. DCFS needs to flag DV cases and track DV perpetrators. There should be pilots which combine the knowledge and expertise of DCFS and DV services achieving a shared response.

There was near uniform agreement that children services be added as a part of the core service funding definitions for DV agencies. In order to accomplish this without minimizing core funding required to sustain the current adult victim services capacity, increased core funding or the use of non-DV specific funding from sources which support child related interventions is necessary.

Many participants called for the development of better assessment of child exposure where children appear naturally, making sure not to forget the protective factors that may exist for each child.

Home visit models of service delivery were raised as a method that might ease the challenge of access for victims and children exposed to DV. Careful distinctions would be required to ensure that this model remained voluntary and only resulted in mandated services in cases representing serious risk of abuse to the child.

Some participants called for a Center for Excellence offering interventions for children exposed to DV. This might be addressed as a part of the Family Justice model called for generally. Centralizing this service in co-located or linked service models could lend itself to greater evidence based practice and a triage/scope of services allowing for a differential response to children reflected in the Session Four Child Exposure presentation. Specialized child witnesses to violence pilots which stress the importance of mothers in their children's healing and encourage equal regard for the mother and child's safety was clearly supported by participants. The call for infant or very young children's mental health specialization in some combined models would be a vital and noted enhancement requirement.

Child supervised visitation and exchange services need expansion and ongoing support. Some participants called for the exploration of whether public facilities or day care sites could be sites for the delivery of this form of service without compromising the underlying safety goals and role of the monitor/staff. Some participants called for the development of therapeutic services as an expansion to services offered by Centers providing visitation or exchange service for some families.

Opportunities for parents to gain ongoing support for addressing the impact of exposure to adult DV on their children might be a function of more informal models such as parent cafes or family peace sites.

The idea that child custody and visitation issues must gain heightened attention from the court based responses reflected in Summit Session Three was uniformly supported. The specifics of how that might occur require further coordination and protocol discussion within the new Circuit Court's Domestic Violence Division. The use of the children's advocacy space located at the DV court house as well as a possible advocate or visitation facilitator role were offered as areas to be examined.

Participants discussed "fathering after violence" or how to parent after violence; determining if, when and how two people can co-parent when the abuser is monitored and has illustrated a capacity to change.

## Specific Abuser Model Review

- Protocols that provide abusers with information about the impact of their action and how to seek help
- Promotion of voluntary services and improved methods of compliance for involuntary services
- Graduated sanctions for accountability
- Interventions in jail and juvenile detention
- Balanced and restorative justice applications
- Programs for teen abusers

During prior sessions participants noted that police are the largest victim referral source to both the Help Line and to victim service providers. The IDVA requires law enforcement to provide a victim with a referral to victim support services. Participants noted that no such mandate or policy practice requires police to provide abusers with information about the impact of their action and how to seek help. It was noted however that police as the messenger of this information to abusers is tricky. Participants noted that we do not want police to return to the “walk the guy around the block”, defuse immediate crisis and leave response which was the historical model many sought to change. Review of other methods or messengers for this relay of information to abusers in an effort to gain voluntary reform by abusers was recommended.

Participants raised the concepts of voluntary abuser services and improved methods of compliance for involuntary services. There was a call for implementation of graduated sanction to accountability. Noting that abusers do spend time in jail or juvenile detention, participants noted that there should be some interventions for abusers during the period of detention. There was recognition that there must be a different model of intervention developed for teen abusers. The emphasis on trying to build the capacity for change without need of the CJS for teen abusers was nearly uniform among participants. Examining applications of balanced and restorative justice principles in developing a teen abuser model was raised as a possibility. Nearly all of the abuser service ideas require the attention and partnerships of those who work in the legal system.

## Legal System Review

- Need for site analysis which results in strategic deployment of resources
- Full implementation of the IDVA
- Establish triage/differential response system for legal resources
- Seek collaborative funding
- Team approaches

In January 2010, Chief Judge Timothy Evans announced the establishment of a new Circuit Court Domestic Violence Division. During the Summit, members of the Court Committee convened by Judge Evans offered that the call for the Division was among a recent set of recommendations which had been submitted for Judge Evans’ review. Judge Evans’ commitment to improvements which will enhance victims’ access and reform by those who have committed acts of domestic violence is clear and further illustrated in the naming of a presiding judge for this new division. Naming Judge Grace Dickler (who attended a number of the Summit sessions) as presiding judge of the DV Division provides new leadership at the DV court representing an opportunity for progressive change or enhancements.

Participants indicated that there is a need to motivate change through identified leadership and dialogue among those who work in the legal system. It was further recommended that research should be conducted which will help to devise methods for empirical evidence that the legal system resources are operating as effectively as possible. Those most directly impacted who work in those systems were urged to put aside any fears of what research will show about the current response as this kind of evaluation is touching on the persistent challenges which requires study and timely research. The Legal Help system mapping offered in Session Three of the Summit requires analysis and possible adjustment or modification by those who work in the system in order to complete a site analysis which can be fully embraced and used toward strategic deployment of combined resources with the justice system and its partners.

There was near uniform support for full implementation of all IDVA remedies and improved civil/criminal court system coordination. Several participants indicated that in addition to special attention being placed on child custody and visitation issues that avenues for child support enforcement at the DV court house (when ordered as a remedy within an OP) should also be studied to achieve greater safety access for victims and children and demonstration of the intent of the law.

The theme of differential response and triage was applied specifically in the Legal System review during the Summit. There was a call for better case differential assessment; provision of education on options to victims; improved methods for development of individual risk and safety planning; improved methods of referral links to services; follow up after court with the offer of service<sup>4</sup>; and various court interventions based on severity and/or coercive control dynamics (not exclusively violent) of DV.

Many participants indicated that because of limited service capacity to the need, legal advocacy service should not be on a first come first serve basis. There was a call for the development of some triage in the deployment of these resources too. Some participants reflected that there might be use for volunteers/interns not necessarily “legal advocates” to assist with some cases allowing for legal advocates to apply their services in cases where the need might be greater. There was also a call for increased legal service (attorneys) for some victims who were utilizing legal advocates alone. Some expressed the view that to rely on even the most skilled advocate as a substitute for a lawyer in some cases was like having your skilled family doctor treat your heart attack rather than a cardiologist. In the best system the family doctor and the specialist work together. In the absence of lawyers, legal advocates have stepped into a role best served by a trained lawyer. Triage which links victims to the needed service advancing the best deployment of very limited resources would include linkages to pro se assistance, or legal advocacy or legal services. A number of participants raised the idea that the Help Line service be considered in the development of the triage system called for in the Legal System review. Police refer to it, many victims access information about the court and the legal services and advocacy offered at the community level indicating that the Help Line is already playing a role in triage of victims to court service. Participants noted that due to the 24 hour, language and confidential communication features of the Help Line which includes a data base of the most up to date resources for those impacted by DV, this Help Line resource may be more fully implemented into the systems of review called for under DV Division reforms. For example an initial service linkage or follow up or call back offer of further support by the Help Line might become a part of triage system. This would serve to advance the principles of Family Justice model called for by many Summit participants.

Team approaches such as those reflected in the TAC model and more were strongly encouraged by participants. Examples included the development of a court based team model to address child exposure utilizing the full range of IDVA remedies and GAL or other facilitation roles.

Acknowledging that some of these enhancements require increased funding to sustain progress there was a call for collaborative planning and priority setting in order to seek collaborative funding.

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<sup>4</sup> Participants noted that some of these follow up services could be court based, while others may be provided at the community level as voluntary services but follow the use of the court system as a pathway into services.

## Legal System Review

- Judicial training/judicial specialist
- Graduated sanctions implemented/guidelines
- Uniform response to VOOB
- Participation as one part of a family justice model
- Systems accountability/ongoing evaluation/reform

Judicial training on child custody and visitation and support as well as other key legal issues and leading social science on DV dynamics was a key recommendation arising from the Summit. Some participants urged the development of judicial specialists in the area of DV law.

Graduated sanctions and implementation guidelines for judges should be implemented to help ensure a more uniform response given a set of guidelines. Judicial dialogue and training within the DV Division should strive for a more uniform response to VOOB. Review of those who are mandated to abuser service interventions reflected in Session One and Session Three illustrate that there are convicted abusers who have prior DV convictions and who commit subsequent acts of DV while under court mandated services who continue to be ordered into abuser intervention services which may not be appropriate.

Participants noted that any Family Justice model developed in Chicago would require the legal system's participation as **one part** essential to its success. Some FJC in other jurisdictions are using web based information and connections to the court program personnel.

Many of the participants indicated the need for system's accountability, ongoing evaluation which could lead to further reforms and saw the establishment of the new DV Division as an opportunity for implementation of such efforts.

## Law Enforcement Review

- Enhanced DV subcommittees as part of community mobilization/awareness
- Examination of training and impact on first responders
- Examination of training and impact on follow up/DVLO/Detectives
- Data collection improvements—relationship codes
- Reports on all 911 calls for service (non-criminal)

In reviewing law enforcement responses participants noted that enhanced DV subcommittees could serve to build community awareness thus further implementing concerned others as a part of the response system.

Many participants called for the examination of training of law enforcement, police and sheriffs. Emphasis was placed on the training of first responders which reflected the view by many participants that while training content is good, law enforcement response practice is not uniform or consistent in the experience of participants. Nearly all participants who had worked with victims called for the examination of the training and its impact on follow up by DVLOs and detectives as described in Session Three. Skeptical response to that portion of the Session Three mapping was expressed.

There was a call for better data collection by law enforcement. The relationship codes as a method for determining DV offenses from others not clearly delineated by statutory elements of DV relationships represents real challenges in this area. Many participants questioned the fact that police reports are not generated on all DV related calls for service asserting that even non-criminal incidents of DV resulting in police contact should be documented in order to enhance the victim's pursuit of safety over time.

## Law Enforcement Review

- Uniform response to VOOB
- Repeat household tracking and triaged response
- Risk assessment training
- Response team model
- Establish clear protocol for teen dating violence
- Renew CPD commitment
- Enhanced accountability/evaluation/reform

Although CPD policy requires arrest for VOOB, there is not a uniform response to VOOBs. Some participants asserted that when there is a police response to a call for service which reflects allegations related to VOOB and the abuser is not on scene, there should be a standard follow up response which would bring that violation to the attention of the court.

Participants recommended that there be repeat household tracking and a triage response developed within CPD. Many asserted that CPD should enhance officers' assessment of risk which incorporates an understanding of the non-violent (sometimes non-criminal) dynamics of DV.

There were some participants that suggested that there be a response team approach developed. This model included a combined approach by a police officer and a civilian who would offer or provide some services to the victims and the children.

Session Four on teen dating violence lead participants to call for establishment of clear police response protocol to teen dating violence, distinct from the adult DV response, which accounts for some of the unique characteristics when dealing with teen relationships.

Participants almost uniformly called for a renewed CPD commitment to address this issue, reflecting enhanced accountability, evaluation and reform.

In concluding Leslie summarized some of the key recommendations or action oriented steps which had emerged during the Summit series as follows:

## Conclusion

- Create ongoing opportunities for continued study and conversation
- Provide transformational leadership
- Embed DV knowledge in all response systems
- Break down the silos of response and funding
- Develop model(s) for essential collaboration moving beyond coordination/referrals
- Recognize and define the need for differential responses
- Regain the political commitment and priority

This set of recommendations should result in shared definitions and applied specialized knowledge which translates to better practice. Participants indicated the need to create the forum for further differential analysis and dialogue. One suggestion was to engage DVACC and/or other task forces to allow for greater stakeholder participation. Everyone should help to reshape the enhanced response.

Funding needs to be realigned and deployed differently. If there is to be less siloed service with some blending of service to fully address the needs of those directly impacted by DV there will need to be blending in funding. There may be issuance of joint RFPS from funding sources which support different yet collaborative aspects of a design. Noting that there needed to be a funding trust period for pilots and demonstrations, funders were urged to sit at the table as these plans are discussed.

There was a call for a meeting among government funders for greater collaboration in the award of support. Government funders should meet with private funders to help determine shared outcome measures with identified funding support for research and better data collection systems and reforms.

The call to regain political commitment included briefing legislators and other key policy and decision makers to ensure that family policy addresses safety issues. Political commitment referenced here is not just about elected officials' commitment. This political commitment calls for public recognition and expectations that urge their representatives to prioritize these issues; for media to accurately report on and reflect the impact of not responding to DV on all of us in every neighborhood in Chicago. This called for the creation of a social action agenda which can be championed by community stakeholders as well as those who work on this issue.

Recognizing the need for the differential response to varying needs of those impacted by DV, lead participants to call for the development of a work group to design the differential response which will be the essential guide for collaborative models/sites. This will lead to the further exploration of the collaborative models identified during the Summit.

## Conclusion

- Convene strategic planning
- Convene a teen informed plan
- Examine models identified for overlap of concepts and pros and cons of local applications
- Distribute the Summit Report widely

Participants recommended that stakeholders be convened again to develop a 3/5 year DV collaboration strategic plan. The specific host or method for convening the strategic planning process was not clear but several participants indicated that it needed to include representation from community task forces and or survivor advisory group.

The need to develop a teen informed strategic plan which does not just shrink the adult model was also recommended. The specific host or method for convening this effort was also not clear but several participants indicated that it needed to include a teen intervention advisory or work group. Others reported that there was a need for a youth summit/forum at which teens would be asked what it would take to have teens ask for help and what should that follow up response include. Many participants particularly those who work with young people indicated that there is a need to determine what is to be accomplished with teen related intervention. Is the goal to conduct safety planning, interrupt and stop the violence, build capacity for future healthy relation-

ships among those directly impacted or other results? Many indicated that there is a need for clear intervention goals which includes developing options/actions that work before we push for youth to disclose. Once youth disclose there should be a clear course of action. There was no clear course of action which emerged with consensus among Summit participants. However, many participants did agree that if adult service providers hit the wrong tone of “guidance” then their services will fail. Participant sentiment was captured in one person’s feedback remark that their frustration with this discussion was trying to get balance between youth informed and youth lead and the responsibility of adults to be the protector of children and young adults.

All participants agreed that there was a need to examine models of collaboration offered during the Summit and summarized in the final session’s presentation. Lacking sufficient time at the Summit, participants want to have further review of the models identified to answer the glaring question of how do we select from among the models and how will it work in Chicago while ensuring that there is complete evidence based research/evaluation as an essential piece of any or all models.

Participants called for the wide distribution of the final report. Others also called for the briefing of legislators in order to influence a statewide agenda. Private funders as well as government funders could take bold action toward change.

### **The Summit concluded with the full participant group offered an opportunity for comment and reflection considering the following questions:**

- What would you prioritize as next steps? What would you define as action forward?
- What would be specific mechanism for implementing recommendations & suggestions? What methods should be used — meetings, roundtables, work groups. How do stakeholders carry the Summit information forward into their spheres of influence in order to build collaboration and further action?

Most if not all of the remarks offered by participants during this feedback time which concluded the session were incorporated into this final narrative or placed in appropriate context within reporting of prior session topics.

In general final evaluations by participants indicated nearly uniform agreement or strong agreement that the Summit stimulated their thinking, was a good use of their time and that they would utilize the Summit results in their own spheres of influence.

Leslie closed by quoting a statement offered by one participant in their feedback form:

*“We need to explore change and challenge the current approach and structure to create meaningful change while infusing this process with patience.”*

# Appendix A

## PLANNING WORK GROUP PARTICIPANTS

THE FOLLOWING IS A LIST OF PLANNING WORK GROUP PARTICIPANTS AND THEIR AFFILIATIONS SEPARATED BY WORK GROUP ASSIGNMENT.

### WORK GROUP ASSIGNMENT

1. Adult Triage of Services
2. Court Pathways
3. Housing/Economic Supports
4. Children Exposed to Domestic Violence and Teen Relationship Violence
5. Public Awareness/Education
6. Summit Planning Group

#### 1. Adult Triage of Services

Dawn Dalton - *Chicago Metropolitan Battered Women's Network*  
Mary Coleman - *Illinois Department of Human Services*  
Marjorie Johnson\* - *Chicago Department of Human Services*  
Barbara Engel - *Illinois Criminal Justice Information Authority*  
Christine George - *Loyola University, Center for Urban Research and Learning (CURL)*  
Leslie Landis\* - *City of Chicago, Mayor's Office on Domestic Violence*  
Ebony Dill\* - *City of Chicago, Mayor's Office on Domestic Violence*

#### 2. Court Pathways

Jody Raphael - *DePaul University, Family Law Center*  
Alicia Aikens - *Legal Assistance Foundation of Metropolitan Chicago*  
Angelica Jiminez - *Chicago Metropolitan Battered Women's Network*  
Denice Markam - *Life Span*  
Leslie Landis - *City of Chicago, Mayor's Office on Domestic Violence*  
Gail Woods\* - *City of Chicago, Mayor's Office on Domestic Violence*

#### 3. Housing/Economic Supports

Liz Drapa - *Corporation for Supportive Housing*  
Betsy Benito\* - *City of Chicago, Department of Housing*  
Carol Kennedy\* - *City of Chicago, Mayor's Office on Workforce Development*  
Wendy Pollack - *Sargent Shriver National Center on Poverty Law*  
K.Sujata - *Eleanor Foundation*  
Leslie Landis - *City of Chicago, Mayor's Office on Domestic Violence*

#### 4. Children Exposed to Domestic Violence and Teen Relationship Violence

Jill Geltmaker Chair - *Heartland Human Care Services*  
Anne Studzinski - *Voices for Illinois Children; Illinois Childhood Trauma Coalition*  
Jodi Doane - *UCAN*  
Reshma Desai - *Illinois Violence Prevention Authority (IVPA)*  
Azim Ramelize - *Department of Children and Youth*  
Leslie Landis - *City of Chicago, Mayor's Office on Domestic Violence*  
Ebony Dill - *City of Chicago, Mayor's Office on Domestic Violence*

#### 5. Public Awareness/Education

Amy Rubin - *Jewish Child and Family Services (JCFS); Jewish Community Abuse Resources, Education and Solutions (JCARES)*  
Debra Bretag - *Illinois Center for Violence Prevention*  
Bob Kieckhefer - *BlueCross BlueShield of Illinois*  
Gwen Spragg - *S3 Communication*  
Lance Lewis - *City of Chicago, Mayor's Press Office*  
Sonya Funk - *Clear Channel Chicago*  
Leslie Landis - *City of Chicago, Mayor's Office on Domestic Violence*  
Gail Woods - *City of Chicago, Mayor's Office on Domestic Violence*

#### 6. Summit Planning Group

Dawn Dalton	Amy Rubin
Mary Coleman	Christine George
Barbara Engel	Leslie Landis
Jody Raphael	Gail Woods
Denice Markam	Ebony Dill
Jill Geltmaker	

\*The workgroups were formed in 2007/2008. As such this list represents work group membership and affiliation at inception.

# Appendix B

## DOMESTIC VIOLENCE ADVOCACY COORDINATING COUNCIL (DVACC) DOMESTIC VIOLENCE SUMMIT SERIES

### 2009 PARTICIPANT LIST

#### **Rosa Abarca**

##### ***Domestic Violence Program Coordinator***

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# Appendix C

EACH SESSION FOLLOWED THIS FORMAT USING THE DISCUSSION  
QUESTIONS AS BELOW:

**DOMESTIC VIOLENCE ADVOCACY COORDINATING COUNCIL (DVACC)**  
DOMESTIC VIOLENCE SUMMIT SERIES  
SESSION 1: ACCOUNTING FOR THE ADULT VICTIM EXPERIENCE  
OCTOBER 8, 2009

## PARTICIPANT SESSION FORM

Please record your responses to each question on this form; especially views you were not able to share because of a lack of time or preferred not to share aloud. Feel free to also note strong or oppositional reactions to comments made by others. *Please print legibly.*

*Please complete.*

Facilitator's name: \_\_\_\_\_

Dot color: \_\_\_\_\_ Focus Group #: \_\_\_\_\_

Number of years working in field: \_\_\_\_\_

Participant's name (optional): \_\_\_\_\_

Question 1. WHAT HAVE WE LEARNED ABOUT VICTIMS AND THEIR NEEDS?

Response/Feedback/Comments: THERE WAS A FULL PAGE FOR FEEDBACK  
GIVEN FOR EACH QUESTION

Question 2. HOW DO OUR CURRENT SERVICE SYSTEMS MEET OR NOT MEET  
THOSE NEEDS?

Response/Feedback/Comments:

Question 3. WHAT MORE DO WE THINK WE NEED TO KNOW?

Response/Feedback/Comments:

Question 4. WHO ARE WE MISSING?

Response/Feedback/Comments::

**SAMPLE - Summit Series Evaluation Form**

Please respond to the following statements. Your honest opinions help us determine how to best use the information from this summit series.

***Please complete.***

Dot color: \_\_\_\_\_

Number of years working in field: \_\_\_\_\_

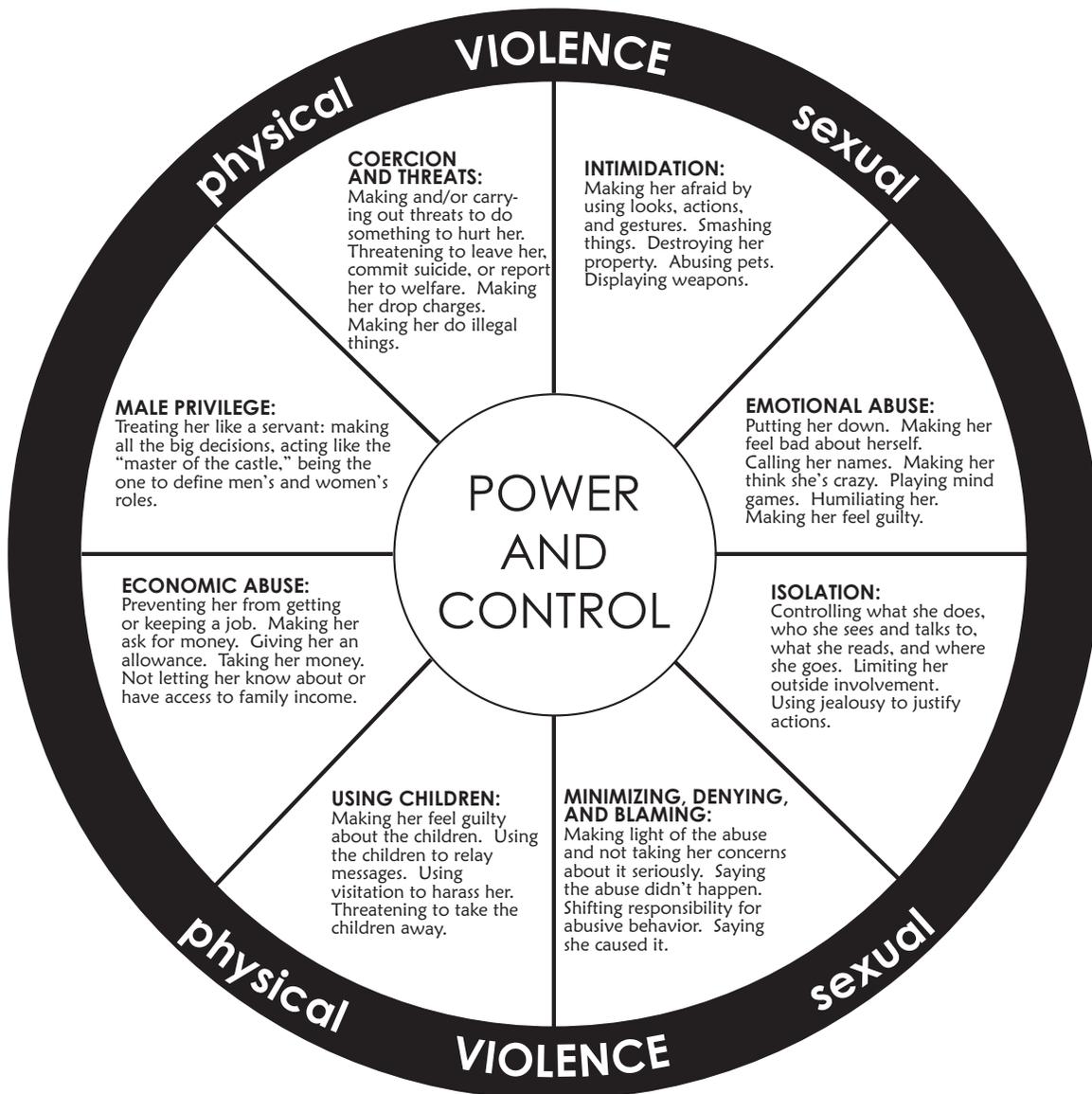
Participant name (optional): \_\_\_\_\_

	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree	N/A
	1	2	3	4	5	6	0
<b><u>TODAY</u></b>							
1. Today's presentation provided a meaningful summary of the summit series overall	1	2	3	4	5	6	0
2. I had a chance to share my comment(s) during today's Q&A	1	2	3	4	5	6	0
3. During the Q&A, participants shared many good ideas that could lead to enhancements to the current response	1	2	3	4	5	6	0
<b><u>SUMMIT SERIES</u></b>							
1. Overall, the series plenary presentations stimulated my thinking	1	2	3	4	5	6	0
2. Overall, the series workgroup discussions were a useful method to share my thoughts on this topic	1	2	3	4	5	6	0
3. Overall, the series town hall discussions were a useful method to share my thoughts on this topic	1	2	3	4	5	6	0
4. Overall, I can envision how the information shared during today's session can lead to improved responses	1	2	3	4	5	6	0
5. Attending this summit series was a good use of my time	1	2	3	4	5	6	0
6. I can utilize summit results in my own spheres of influence	1	2	3	4	5	6	0

## POWER AND CONTROL WHEEL

Physical and sexual assaults, or threats to commit them, are the most apparent forms of domestic violence and are usually the actions that allow others to become aware of the problem. However, regular use of other abusive behaviors by the batterer, when reinforced by one or more acts of physical violence, make up a larger system of abuse. Although physical assaults may occur only once or occasionally, they instill threat of future violent attacks and allow the abuser to take control of the woman's life and circumstances.

The Power & Control diagram is a particularly helpful tool in understanding the overall pattern of abusive and violent behaviors, which are used by a batterer to establish and maintain control over his partner. Very often, one or more violent incidents are accompanied by an array of these other types of abuse. They are less easily identified, yet firmly establish a pattern of intimidation and control in the relationship.



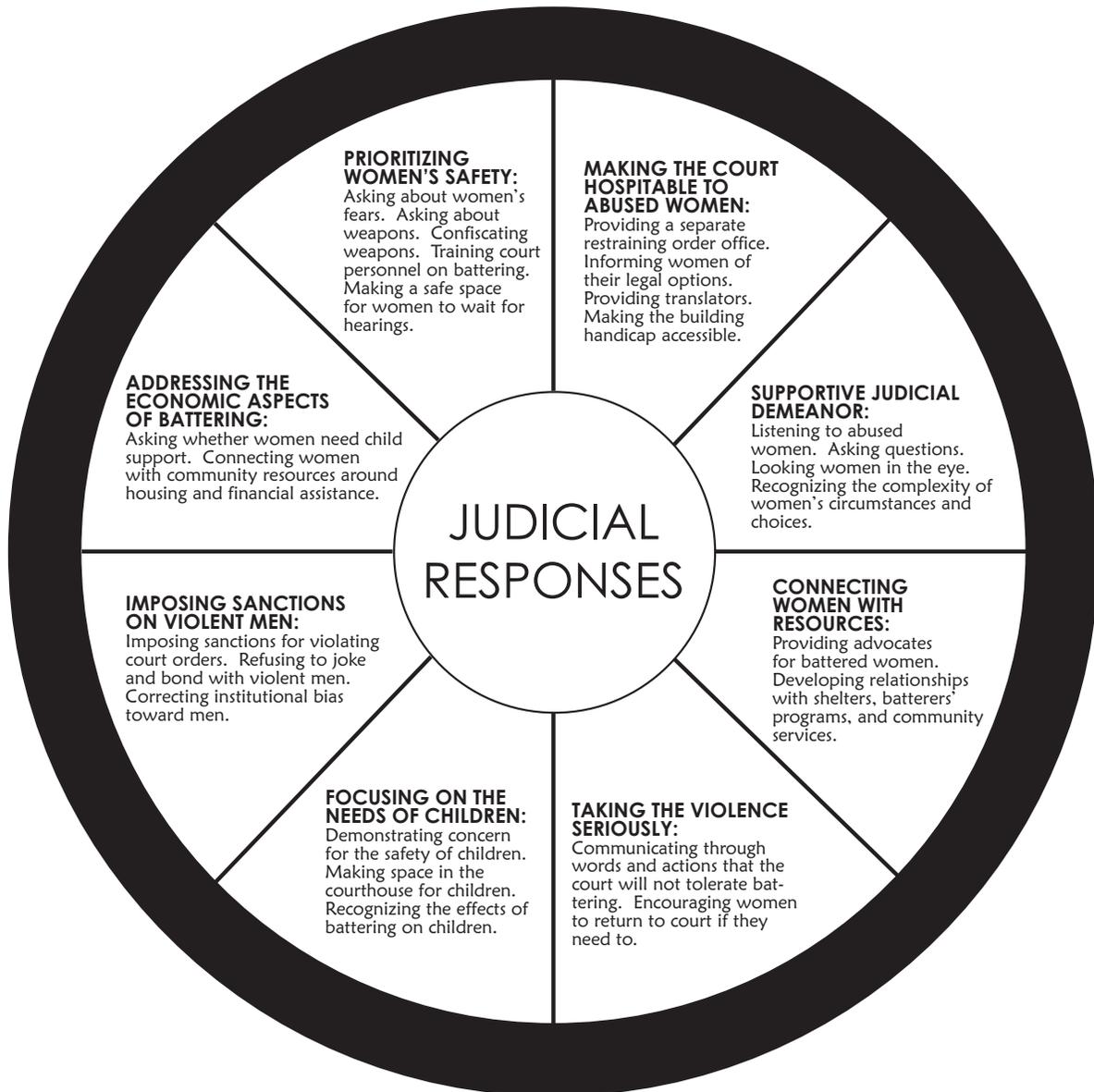
Developed by:  
Domestic Abuse Intervention Project  
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# JUDICIAL RESPONSES THAT EMPOWER BATTERED WOMEN



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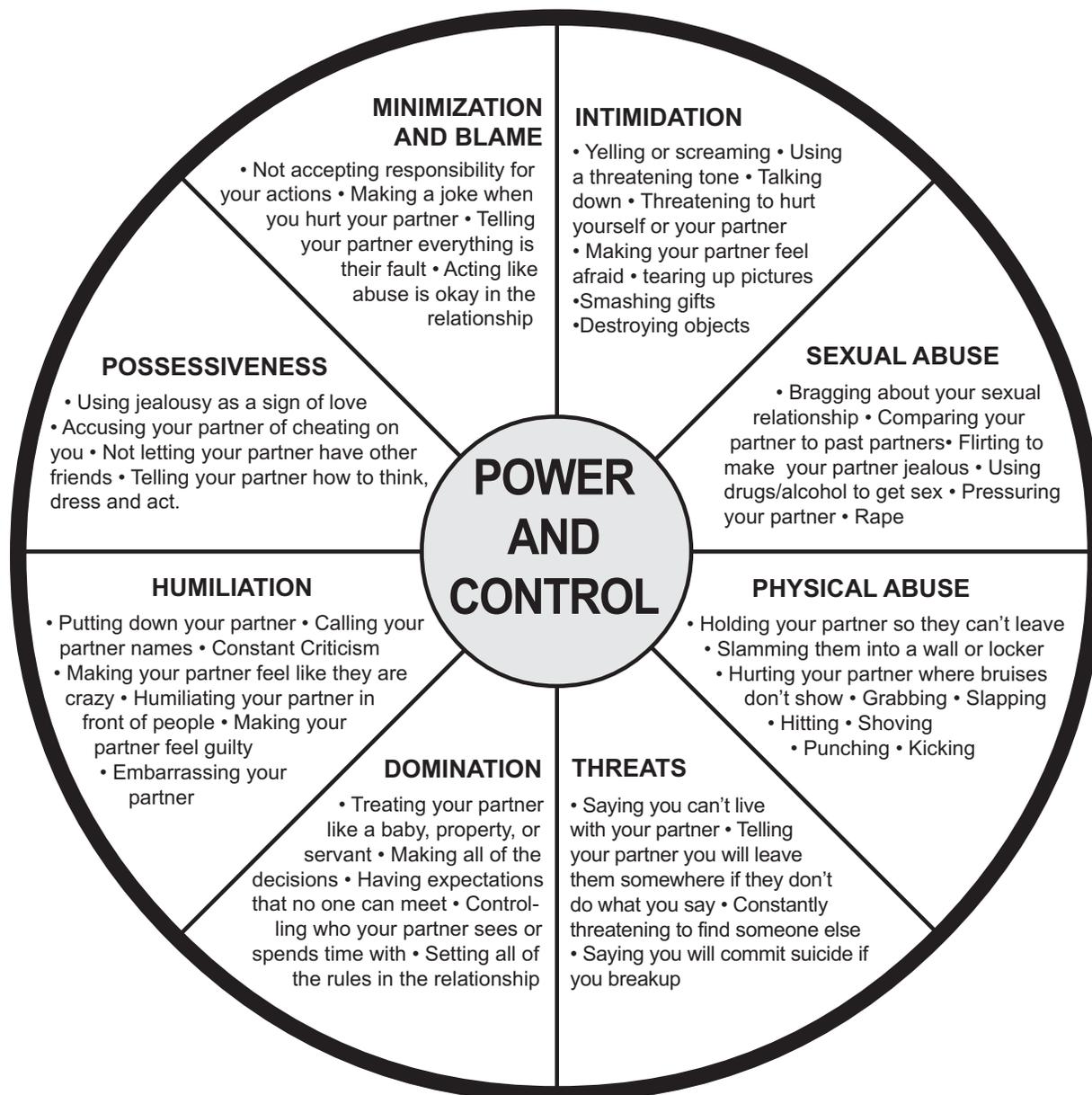
*Developed by:*  
James Ptacek, "Battered Women in the Courtroom: The Power of Judicial Responses," Northeastern University Press, 1999.



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# POWER & CONTROL in Dating Relationships

When one person in a relationship repeatedly scares, hurts or puts down the other person, it is abuse. The Power & Control Wheel lists examples of each form of abuse. Remember, abuse is much more than slapping or grabbing someone.



A relationship full of control is really out of control.

# Appendix E

## INFONET SERVICE DEFINITIONS

The following services were reflected in the InfoNet service receipt analysis portions of the presentations proceedings.

Individual Client Service	Definition
Criminal Legal Advocacy/ Obtain OP	Advocacy in the criminal court forum for the purpose of obtaining, modifying, or extending, or enforcing an Order of Protection
Criminal Legal Advocacy/ Charges	Advocacy related to the pursuit of criminal charges, such as domestic battery, violation of an OP, or any misdemeanor or felony charge related to domestic assault.
Civil Legal Advocacy/ Obtain OP	IDVA advocacy in the civil court forum for the purpose of providing information, obtaining, modifying, extending or enforcing (via contempt) an OP.
Legal Advocacyadvocate	Civil legal advocacy, other than seeking an order of protection or informing a client about the IDVA, which is provided by an advocate of the domestic violence program.
Housing Advocacy	Helping client implement her plan for obtaining housing. This would NOT include time spent securing emergency shelter in dv program for client.
Employment Assistance	Helping client implement her employment plans
Education Assistance	Helping client implement her education plans
Medical Assistance	Helping client obtain emergency or non-crisis health care.
Economic Assistance	Helping client implement plans to improve her financial status
Other Advocacy	Advocacy with third parties, e.g., other service providers, on behalf of individual clients, that is not specified in the other service categories. Advocacy that helps client implement her plans to obtain housing, education, employment, medical assistance, economic assistance, and substance abuse services should be recorded in those service categories, not in this category

Telephone Counseling	Individual counseling provided via telephone. Do NOT use this service category if a more specific service applies (ie, if you are talking about her OP hearing, document time as civil or criminal legal advocacy/OPnot telephone counseling).
Individual In-Person Counseling	In-person, client-centered counseling with individual adult/teen client that addresses the domestic violence and related issues in clients life and that fosters self-determination.
Collaborative Case Management:	Staff time spent internally working on the management of a victims case. Interaction should focus on the clients service plan, not solely restating events that took place with clients such as updates at shelter shift change meetings).

Legal Service	Definition
---------------	------------

Legal Services/attorney:	Civil legal services, other than seeking an order of protection, or informing a client about the IDVA, that are provided by a licensed attorney employed by the domestic violence program.
IDVA Legal Services/ attorney:	Civil legal services for the purpose of seeking an order of protection or informing a client about the IDVA that are provided by a licensed attorney employed by the domestic violence program.

Shelter Service	Definition
-----------------	------------

On-Site Shelter*	Bed space is provided on-site at a residential domestic violence program on an emergency basis.
Off-site Shelter	Bed space is provided off site at a motel or safe home by either a residential or walk-in domestic violence program provided on an emergency basis.

Group Client Service	Definition
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Adult Group Counseling*	Facilitating peer support group for adult or teen victims
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## Chicago Public Schools Policy Manual

**Title:** DOMESTIC VIOLENCE, DATING VIOLENCE AND COURT ORDERS OF PROTECTION, RESTRAINT OR NO CONTACT

**Section:** 704.4

**Board Report:** 08-0625-PO2

**Date Adopted:** June 25, 2008

### Policy:

#### THE CHIEF EXECUTIVE OFFICER RECOMMENDS:

That the Board Rescind Board Report 99-0728-PO2 and adopt a new Policy on Domestic Violence, Dating Violence and Court Orders of Protection, Restraint or No Contact.

**PURPOSE:** This policy addresses the legal obligations imposed on school employees by the Illinois School Code, Domestic Violence Act, Civil No Contact Order Act, Abused and Neglected Child Reporting Act, Mental Health and Developmental Disabilities Act and the Mental Health and Developmental Disabilities Confidentiality Act, as they relate to domestic and dating violence. It recognizes that children who see their parents and caretakers act violently at home are learning that it is acceptable to use force to resolve conflicts. Violent homes have been described as the training ground for the violence that pervades our society. Chicago Public School employees shall work to counteract this destructive message by creating a safe haven at school where children are protected and encouraged to use peaceful means to solve problems.

#### POLICY TEXT:

##### I. INTRODUCTION

Children who witness domestic violence often exhibit behavioral and emotional problems at school, including aggression, disobedience, poor social skills, greater approval of violence as a means to solve problems, depression and lack of self-confidence. These children are significantly more likely to have frequent absences and to be suspended, twice as likely to visit the school nurse for social or emotional reasons, and more than seven times as likely to be referred to a speech pathologist. Adult domestic violence also greatly increases the likelihood that children in the family will be abused and neglected. Due to the negative impact that domestic violence has on children's ability to learn and develop, this policy requires school staff to provide information about supportive services to the abused parent, to assess the risk to students who witness domestic violence at home, and to provide student support services.

This policy also recognizes the link between dating violence and domestic violence – young women age 16 to 24 are at highest risk for domestic violence. In a 2001 survey from the Journal of the American Medical Association, one in five high school girls reported physical and/or sexual abuse by a dating partner. Forty-three percent of students who reported dating violence in this survey said it occurred in a school building or on school grounds. This policy enlists educators to identify victims of dating violence and acquaintance rape to ensure that they are protected at school and that they receive appropriate counseling. Educators are also asked to identify perpetrators of dating violence and to intervene to stop the violence by imposing discipline, establishing behavior intervention plans, and making appropriate counseling referrals.

## II. DEFINITIONS

Acquaintance Rape describes sexual assault by a perpetrator who is known to the victim, but who has no family, household or dating relationship with the victim.

Behavior Intervention Plan for the purpose of this policy is implemented for a student who engages in dating violence that impedes his/her learning or that of others. It includes positive behavioral interventions and supports, behavior management techniques, procedures for crisis intervention, and other strategies to address the behaviors and minimize their impact.

Civil No Contact Order is a court order from a civil, not criminal court, which requires a perpetrator of sexual assault, who is not in a dating or family relationship with the victim, to stay away from her/him.

2. Informing appropriate staff (such as the classroom teacher(s), security personnel, assistant principal, counselor, school clerk), of the order on a need-to-know basis only, and advising them to keep this information confidential;

3. Directing any school staff responsible for releasing students from school early or supervising field trips or after-school activities to check the emergency information form before releasing the child to any person.

### B. Referral for Support Services

When the principal/designee receives a copy of a Court Order naming the parent, guardian or student as a protected person, the principal/designee shall:

1. Inform the parent that student counseling services are available, and shall ask the parent to sign a Consent for Counseling Services Form (Attachment A) for any student under age 12.

2. Complete a Request for Student Support Services Form (Attachment A-1) for any student under age 12 whose parent has consented to counseling, and for any student over age 12 without regard to parental consent. Up to five 45-minute counseling sessions may be provided to students age 12 to 17 without parental consent.

3. Follow the steps listed in Section V of this policy, if the Court Order addresses dating violence or requires a student to stay away from another student in the school.

### C. Requests for Student Information

If the school has received a copy of an Order of Protection naming the parent, guardian or student as a protected person, no school employee shall release any information about the child, including the child's attendance at the school or his/her address, or any of the child's school records, to the person named as the perpetrator in the Order of Protection. NOTE: No information should be released, even if the Order of Protection does not prohibit release of school records.

### D. Violations of Court Orders

Whenever the provisions of a Court Order are violated on school grounds or during school activities, the principal/designee shall call the police (9-1-1) and complete a CPS Incident Report. If the principal/designee is uncertain whether a violation has occurred, he or she shall call the local police district or the CPS Law Department for assistance.

## IV. DOMESTIC VIOLENCE

### A. Parent/Guardian Reports of Domestic Violence When No Order of Protection Has Been Obtained

1. If a parent or guardian discloses domestic violence to a school employee, that employee shall notify the principal/ designee.

2. The principal/designee shall immediately refer the parent or guardian to a school counselor, social worker, nurse, or other employee who can offer assistance to a victim of domestic violence (hereinafter, "OSS staff").

3. The designated OSS staff shall:

- a. Ask the parent/guardian whether she or he is receiving services to address the domestic violence.
- b. If the parent/guardian is not receiving services to address the domestic violence, give the parent/guardian a Domestic Violence Safety Plan handout in her/his primary language, if possible. Attached are the latest versions of the Plan from the Mayor's Office on Domestic Violence in English (Attachment B), Arabic (Attachment C), Bosnian (Attachment D), Korean (Attachment E), Mandarin (Attachment F), Polish (Attachment G), Russian (Attachment H), and Spanish (Attachment I).

2. When a principal is advised that a school employee suspects domestic violence in a student's family, the principal shall assign an OSS staff member to talk to the student to determine whether the student or his/her parent is in danger based, in part, on the factors listed in Section IV.A.3.d. and e. above. The principal may call the Office of Specialized Services, Crisis Intervention Unit, at (773) 553-1792 to request assistance.

3. If the student, parent/guardian discloses domestic violence, the school employee shall follow the procedures set out in Section IV.A. or B. above.

## **V. DATING VIOLENCE AND ACQUAINTANCE RAPE INVOLVING CPS STUDENTS**

### **A. Reports or Suspicions of Dating Violence or Acquaintance Rape**

Any school employee who is notified by a parent, guardian or student, or who reasonably suspects, that a student has been the victim of dating violence or acquaintance rape shall immediately report that information to the principal/designee.

### **B. Principal Responsibilities**

1. If a student is the victim of dating violence or acquaintance rape on school grounds or during school activities, the principal/designee shall:

a. Follow the investigation and incident reporting procedures in the Student Code of Conduct (SCC) and implement appropriate interventions and consequences.

b. If the student has physical injuries or is in imminent danger of serious physical harm, advise the student that her/his parent/guardian will be notified, and address any safety concerns the student may have about parental notification. Notify the parent/guardian of the victim of the incident and injuries, and ask the parent/guardian to sign a Consent for Counseling Form (Attachment A) for the student.

c. Regardless of the outcome of the SCC investigation or the existence of physical injuries, ask OSS staff to inform the actual or alleged victim that support services are available, as described in Section V.C. below.

d. Note that if a victim or her/his parent/guardian believes the intervention/consequence is insufficient to address the misconduct or protect the victim, they have a right to submit an appeal of the principal's decision, as provided in the Board's Policy on Non-Discrimination, Title IX and Sexual Harassment, Board Report 08-0123-PO4, as amended or modified.

2. If the report involves dating violence or acquaintance rape off school grounds, which results in a serious disruption of the victim's education, the principal/ designee shall follow the steps in Section V.B.1. above. If the perpetrator attends a different school, the principal shall notify that school's principal of the incident and ask him/her to file appropriate misconduct charges against the perpetrator.

**C. OSS Responsibilities in Providing Support Services to Victims of Dating Violence or Acquaintance Rape**

OSS staff who are assigned to provide information to an actual or alleged victim of dating violence or acquaintance rape shall, at a minimum:

1. Give the student victim the number of the City of Chicago Domestic Violence Helpline (1-877-863-6338); TTY 1-877-863-6339.
2. Encourage the student to talk to his/her parent/guardian about the alleged violence.
3. Explain to any student who is under age of 12 that counseling is available to her/him, if her/his parent consents, and give the student a Consent for Counseling Form for the parent to sign.
4. Explain to any student age 12 to 17 that he/she may attend up to five 45-minute counseling sessions without parental notification or permission. Give the student a Consent for Counseling Form for the parent to sign, if additional counseling sessions are needed.
  - c. Offer the parent/guardian a private space with a telephone to call the City of Chicago Domestic Violence Helpline, 1-877-TO-END-DV (1-877-863-6338); TTY 1-877-863-6339.
  - d. Ask the parent whether any of these factors, which indicate heightened risk for children, is present:
    - i. weapons in the home;
    - ii. a child witnessed the violence and/or attempted to intervene;
    - iii. any adult in the home abuses alcohol or drugs;
    - iv. frequent or severe attacks by the abusing partner.
  - e. Decide, based upon the answers to these questions and any other relevant factors, whether he or she has a reasonable suspicion that the student is being abused or neglected. If so, call the DCFS Child Abuse Hotline, 1-800-25-ABUSE, and follow the procedures set out in the Board's Policy on Reporting Child Abuse and Neglect, Board Report 05-0126-PO3, as amended or modified.
  - f. Ask the parent to sign a Consent for Counseling Services Form (Attachment A) for the student before the parent leaves the school.
  - g. Complete a Request for Student Support Services Form (Attachment A-1) for any student under age 12 whose parent has consented to counseling, and for any student over age 12 without regard to parental consent. Up to five 45-minute counseling sessions may be provided to students age 12 to 17 without parental consent.
  - h. Provide student support services when properly authorized as described herein.

**B. Student Reports of Domestic Violence When No Order of Protection Has Been Obtained**

1. If a student reports domestic violence in his/her family to any school employee, that employee shall either:
  - a. Determine whether to call the Child Abuse Hotline by following the steps listed in Section IV.A.3.d. and e. above. If the employee has reasonable suspicion that the student is being abused or neglected, he or she shall call the Hotline at 1-800-25-ABUSE, and follow the procedures set out in the Board's Policy on Reporting Child Abuse and Neglect, Board Report 05-0126-PO3, as amended or modified.
  - b. If the employee does not call the Child Abuse Hotline because he or she does not reasonably suspect that the student is being abused or neglected, the employee shall notify the principal/designee, who will complete the steps listed in the following paragraph.

2. When a principal receives a report of domestic violence, he or she shall assign OSS staff to schedule a meeting with the parent whom the student identifies as the victim of domestic violence to discuss the student's statement and assess the risk to the student. If the parent discloses domestic violence, that employee shall follow the procedures set out in Section IV.A. above.

### C. Suspicions of Domestic Violence Affecting Students

1. School personnel who suspect that a student's caretaker is a victim of domestic violence shall either:

- a. Determine whether to call the Child Abuse Hotline by following the steps listed in Section IV.A.3.d. and e. above. If the employee has reasonable suspicion that the student is being abused or neglected, he or she shall call the Hotline at 1-800-25-ABUSE, and follow the procedures set out in the Board's Policy on Reporting Child Abuse and Neglect, Board Report 05-0126-PO3, as amended or modified; or
- b. If the employee does not call the Child Abuse Hotline because he or she does not reasonably suspect that the student is being abused or neglected, the employee shall notify the principal/designee, who will complete the steps listed in the following paragraph.

Court Order, for the purpose of this policy, includes Orders of Protection, Civil No Contact Orders, Temporary Restraining Orders and Injunctions.

Dating Violence is violent or controlling behavior that an individual uses against a girlfriend or boyfriend. It can include emotional, physical and sexual abuse, stalking, yelling, threatening, name-calling, threats of suicide, obsessive phone calling or text messaging, extreme jealousy and possessiveness.

Domestic Violence occurs when one person in a family or household (the perpetrator) exercises power and control over another family or household member (the victim) that causes the victim harm, induces fear, or forces the victim to submit to the perpetrator's will. It can include physical, emotional, sexual, psychological and economic abuse.

Domestic Violence Act is the statute adopted by the Illinois General Assembly to "recognize domestic violence as a serious crime against the individual and society which produces family disharmony in thousands of Illinois families, promotes a pattern of escalating violence which frequently culminates in intra-family homicide, and creates an emotional atmosphere that is not conducive to healthy childhood development."

Functional Assessment of Behavior is a method of observation that identifies the antecedents that trigger a problem behavior and the consequences that maintain that behavior. The assessment is used to develop a Behavior Intervention Plan for students who engage in dating violence and other problem behaviors.

OSS means the Office of Specialized Services.

OSS Staff for the purpose of this policy includes school social workers, counselors, nurses and other employees whom the principal designates to assess the risk and offer assistance to a victim of domestic or dating violence.

Order of Protection is a Court Order from a criminal or civil court that is designed to protect family and household members and "persons who have or have had a dating or engagement relationship" from physical abuse, harassment, intimidation of a dependent, or interference with personal liberty.

Safety Plan is a strategy implemented by school staff to protect a student from dating violence that impedes her/his learning and healthy emotional development.

Student Sexual Harassment means any un-welcomed sexual advance or request for sexual favors or conduct of a sexual nature by a student, which has the purpose or effect of substantially interfering with another student's ability to participate in or benefit from an education program or activity, or creating an intimidating, hostile or offensive learning environment.

Temporary Restraining Order or Injunction is an order entered by a civil court which directs a person to stay away from a non-related person whom he or she has physically harmed. A Civil No Contact Order, by contrast, directs the perpetrator to stay away from the person he or she sexually assaulted.

### III. COURT ORDERS

#### A. **Principal's Receipt of a Court Order**

When the principal/designee receives a copy of an Order of Protection, Civil No Contact Order, Temporary Restraining Order, or Injunction (collectively "Court Order") naming the parent, guardian or student as a protected person, the Principal shall take all reasonable measures to comply with that Court Order and to ensure the safety of students, who are named in the order, while they are in the school, including:

1. Ensuring that the school clerk:
  - a. Enters information about the Court Order on the legal alert field on IMPACT and makes a notation about the order on the student's emergency information form; retains a copy of the Court Order in the student's temporary record, and, if the student transfers, ensures that the order is forwarded to the new school;
  - b. Asks the parent to indicate on the emergency information form any special arrangements or restrictions for early dismissal or pick up of students.
  - c. Asks the parent whether she or he has other children attending different schools, and if so, faxes a copy of the Court Order to the principal of that school.
5. Complete a Request for Student Support Services Form (Attachment A-1) for any student under age 12 whose parent has consented to counseling, and for any student over age 12 without regard to parental consent.
6. When appropriate, create a Safety Plan for the victim and also conduct a Functional Assessment and create a Behavior Intervention Plan (FA/BIP) for any perpetrator who attends the school.
7. Provide counseling or social work services to the student when properly authorized as described herein.

#### D. **Safety Transfers**

If a student's safety is jeopardized or the student's education is being disrupted by allowing the victim and perpetrator to remain in the same school, the perpetrator may be subject to a safety transfer in accordance with the Board's Enrollment and Transfer Policy, Board Report 05-0824-PO3, as amended or modified. A perpetrator may also be subject to a disciplinary transfer as a consequence of inappropriate behavior, as specified in the Student Code of Conduct. To implement a safety or disciplinary transfer, schools must satisfy the approval requirements set out in the Board's Enrollment and Transfer Policy.

### VI. **PROVISION OF STUDENT SUPPORT SERVICES**

Social workers and counselors who provide student support services are subject to the confidentiality provisions in the Mental Health and Developmental Disabilities Confidentiality Act:

- A. In general, information revealed by a student during a counseling session shall remain confidential. Disclosure of that information is limited to the following:
  1. When the information causes the social worker/counselor to reasonably suspect child abuse or neglect, he or she must call the DCFS Child Abuse Hotline.
  2. When and to the extent the social worker/counselor, in his/her sole discretion, determines that disclosure is necessary to protect the student or another person from a clear, imminent risk of serious physical or mental injury, disease or death inflicted by the student or another person.
  3. Upon request, a parent of a student under age 12 is entitled to review and copy their student's counseling records.

4. Upon request, the parent of any student age 12 to 17 may receive information about the student's current physical and mental condition, diagnosis, treatment needs, services provided, and services needed, including any medication. The social worker/counselor may also allow the parent to review and copy the student's counseling records if the student consents, or if the social worker/counselor does not find any compelling reason to deny the parent access to these records.

B. Before disclosing any information, the counselor/social worker should attempt to notify the student and address any safety concerns the student may have about the disclosure.

## VII. TRAINING AND CURRICULUM RESOURCES

The Chicago Board of Education is committed to addressing barriers to learning by supporting activities designed to promote health, prevent disease, improve the quality of life for students, and decrease health disparities within the district. The Office of Specialized Services coordinates a variety of support services and school health programs to meet students' social, emotional and physical health needs.

Comprehensive health education resources designed to address the leading causes of death and disability in the United States are available, in print and online, to all CPS attendance centers (K-12). CPS teachers may access over 300 lesson plans aligned with the National Health Education Standards and the Illinois Learning Standards.

Information and resources on best practices in responding to domestic and dating violence may be requested from the City of Chicago Mayor's Office on Domestic Violence, 333 South State Street, Suite 550, Chicago, Illinois 60604, 312-747-9972.

School administrators are strongly encouraged to develop working relationships with their local domestic violence agency, shelter or rape crisis center. These providers offer support services to students who have experienced dating or domestic violence and can partner with schools to provide violence prevention programs.

**Amends/Rescinds:** Rescinds 99-0728-PO2

**Cross References:**

**Legal References:** 105 ILCS 5/10-22.24b, 5/14-1.09.1, 5/14-1.09.2, 5/14B-2, 5/34-18.6a; 405 ILCS 5/3-501; 705 ILCS 405/2-3; 740 ILCS 22/102 *et seq.*; 740 ILCS 110/11 *et seq.*; 750 ILCS 60/203, 214, 222.

Case Name:	Report Date:	Date Screen Completed:
SCR/CYCIS Number:	Agency Name:	
Worker Name:	RTO/RSF:	Worker ID:

## I. WHEN TO USE THE SCREEN

The Domestic Violence Screen has been developed to assist in the identification of domestic violence in the home and associated risk and safety issues. A Domestic Violence Screen must be completed for all family reports.

CHILD PROTECTIVE SERVICE WORKERS shall complete the Domestic Violence Screen at the following case milestones:

- Within the first seven days of the initial investigation (Interviews should only be conducted when it is safe to do so and workers should follow the guidelines for conducting domestic violence interviews, which are included in the Domestic Violence Practice Guide.);
- Prior to the case handoff staffing;
- Whenever domestic violence is suspected or identified; and
- At the close of the investigation.

Workers may re-certify the initial Domestic Violence Screen prior to the case handoff or at the close of investigation when case circumstances have not changed and the worker has consulted with, and received approval from his or her supervisor to re-certify the screen.

CHILD WELFARE SPECIALIST/INTACT FAMILY SERVICES WORKERS shall complete the Domestic Violence Screen at the following case milestones:

- Within five days of the initial case assignment;

*Note: When case circumstances have not changed and the worker has consulted with his or her supervisor, the worker may re-certify the Domestic Violence Screen completed by the CPSW.*

- As part of the 45 day assessment;
- Prior to transferring the case to a new worker;

*Note: When a Domestic Violence Screen has been completed within 30 days of the case transfer and the case circumstances have not changed, the worker may re-certify the screen after consultation with his or her supervisor.*

- Every six months as part of the ongoing assessment;
- Whenever domestic violence is suspected or identified;

- Whenever considering screening the case with the State’s Attorney; and
- When assessing whether to close the case and immediately prior to staffing the case for closure with the intact family supervisor, a new screen must be completed in addition to the requirements of Rules 315, Section 315.310, Termination of Services and Planning for Aftercare.

PERMANENCY WORKERS shall complete the Domestic Violence Screen for placement cases at the following case milestones.

- Within 45 working days after initial case assignment and upon transfer of the case when there are other children still in the home as part of an open family case assigned to the worker. Assess safety in the child’s return home environment and document the conditions or behavior that continues to prevent the child from being returned home. The continued safety of every child still in the home must also be documented.
- When considering the commencement of unsupervised visits in the home of the parent or guardian.
- Before an administrative case review when the child in care has a return home goal and there are other children still in the home as part of an open family case assigned to the worker.
- Within 24 hours prior to returning a child home. The Domestic Violence Screen must be completed on the child’s return home environment.
- Within five working days after a child is returned home and every month thereafter until the family case is closed.
- When considering whether to close a reunification service case, the Domestic Violence Screen must be completed immediately prior to staffing the case for closure with the permanency supervisor.
- Whenever evidence or circumstances suggests the presence of domestic violence poses a risk or safety concern for the child whether in the home of a foster parent, relative caregiver or pre-adoptive parent.

*Note: Upon transfer and assignment of a case where domestic violence or severe controlling behaviors are alleged, suspected or known that may pose a risk of harm or immediate threat to the safety of the children, the workers must discuss the domestic violence case issues and a summary of the discussion documented in the case file.*

## II. IDENTIFYING DOMESTIC VIOLENCE

### *Significant Indicators*

*Significant indicators of domestic violence are the physical signs and/or verifiable reports to consider during the assessment. The screen is complete after this section if no evidence of significant indicators exists. Complete the Verbal Indicators section if any of the significant indicators have been identified.*

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Third party reports of domestic violence.
<input type="checkbox"/>	<input type="checkbox"/>	Criminal history of assault or damage to property that has been verified through LEADS.
<input type="checkbox"/>	<input type="checkbox"/>	Physical injuries to an adult (e.g., bruises, cuts, black eyes, marks on neck).
<input type="checkbox"/>	<input type="checkbox"/>	One partner seems to control everything (e.g., answers questions for the other partner).
<input type="checkbox"/>	<input type="checkbox"/>	Observed damage to home (e.g., phone ripped from wall, holes in wall, broken doors or furniture).
<input type="checkbox"/>	<input type="checkbox"/>	Self-reported incident or incidents of domestic violence.
<input type="checkbox"/>	<input type="checkbox"/>	One partner uses children to control what the other partner says, does or thinks.
<input type="checkbox"/>	<input type="checkbox"/>	Prior or current police involvement for domestic violence.
<input type="checkbox"/>	<input type="checkbox"/>	An existing order of protection.
<input type="checkbox"/>	<input type="checkbox"/>	A history of receiving domestic violence services.

*Note: If there is current police involvement, summarize the extent of the involvement. Whenever a worker learns of an existing order of protection, the worker must include a copy of the order in the case file. If the client is unsure of the existence of an order of protection, the worker shall utilize LEADS to determine if there is such an order. Include the report number, date and time of occurrence.*

#### Verbal Indicators

If any significant indicators are present, the following questions must be asked of the adult who is a suspected or known victim of domestic violence. **Do not interview the victim with the batterer or other members of the household present.** The screen is complete if no verbal indicators are present. **Complete the assessment section if verbal indicators are present.**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Has your partner ever tried to keep you away from your family, friends, work or neighbors?
<input type="checkbox"/>	<input type="checkbox"/>	Has your partner ever threatened you or done something else that frightened you?
<input type="checkbox"/>	<input type="checkbox"/>	Has your partner ever pushed, slapped, punched, kicked or hurt you in other ways?
<input type="checkbox"/>	<input type="checkbox"/>	Has your partner ever threatened to use the children to control you in any way?

### III. ASSESSMENT (LEVEL OF RISK AND SAFETY)

Assess the risk and safety in cases where domestic violence has been identified or suspected by using the interview tools in the Domestic Violence Practice Guide. With the information gathered, answer the following five questions: (Carter and Schechter, 1997)

Was or is there physical danger posed to the child from the batterer?

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Does the physical, developmental, or emotional impact of the domestic violence on the children rise to the level of suspected abuse or neglect?

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Are there strategies the adult victim has used in the past that can be supported or strengthened to protect the children?

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Has the batterer ever used or threatened to use weapons of any kind?

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In consultation with the supervisor, what if any action is required to address safety and/or risk?

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Comments

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Worker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CHILD ENDANGERMENT RISK ASSESSMENT PROTOCOL**

**SAFETY DETERMINATION FORM**

Case Name	Date of Report	Agency Name
RTO/RSF	Date of this Assessment Date of Certification	SCR/CYCIS #
Name of Worker Completing Assessment		ID#

**When To Complete the Form:**

**For child protection investigation and child welfare intake** purposes, the safety assessment must be conducted, at a minimum, at the following case milestones (check the appropriate box):

- 1. Within 24 hours after the investigator first SEES the alleged child victim(s).
- 2. Whenever evidence or circumstances suggest that a child's safety may be in jeopardy.
- 3. Every five working days following the determination that any child in a family is **unsafe** and a safety plan is implemented. Such assessment must continue until either all children are assessed as being safe **or** all unsafe children are removed from the **legal** custody of their parents/caretakers. This assessment should be conducted considering the child's safety status as if there was no safety plan (i.e., Would the child be safe WITHOUT the safety plan?).
- 4. At the conclusion of the formal investigation, unless a service case is opened. All children in the home, alleged victims and non-involved children, must be included. This provision may be waived by the supervisor if the initial safety assessment was marked safe and no more than 30 days have elapsed since it was completed
- 5. At CWS Intake within 24 hours of seeing the children

**For intact family** purposes, the safety assessment must be conducted, at a minimum, at the following case milestones (check the appropriate box):

- 1. Within 5 working days after initial case assignment and upon any and all subsequent case transfers. **Note: If the child abuse/neglect investigation is pending at the time of case assignment, the Child Protection Service Worker remains responsible for safety assessment and safety planning until the investigation is complete.**
- 2. Every 6 months from case opening
- 3. When considering whether to close an intact service case, a safety assessment must be done immediately prior to supervisory approval of the critical decision.
- 4. Every five working days following the determination that any child in a family is **unsafe** and a safety plan is implemented. Such assessment must continue until either all children are assessed as being safe **or** all unsafe children are removed from the **legal** custody of their parents/caretakers. This assessment should be conducted considering the child's safety status as if there was no safety plan (i.e., would the child be safe WITHOUT the safety plan?).
- 5. Whenever evidence or circumstances suggest that a child's safety may be in jeopardy.

**For placement cases**, the safety assessment must be conducted, at a minimum, at the following case milestones (check the appropriate box):

- 1. Within 5 working days after initial case assignment and upon any and all subsequent case transfers **when there are other children still in the home as part of an open family case assigned to the worker**. Assess safety in the child's return home environment and document the conditions or behavior which continue to prevent return home and document the continuous safety of every child still in the home. **Note: If the child abuse/neglect investigation is pending at the time of case assignment, the Child Protection Service Worker remains responsible for safety assessment and safety planning until the investigation is complete.**
- 2. When considering the commencement of unsupervised visits in home of parent or guardian. (Assess safety in the child's return home environment.)
- 3. Before an administrative case review when a child in care has a return home goal and there are other children still in the home as part of an open family case **assigned to the worker**.
- 4. Every six months from family case opening when a child in care has a permanency goal other than return home and other children are still in the home as part of an open family case **assigned to the worker**. The CERAP is to be completed on the children still at home only.
- 5. Within 24 hours prior to returning a child home. (Assess safety in the child's return home environment.)
- 6. Within five working days after a child is returned home and every month thereafter until the family case is closed.
- 7. Every five working days following the determination that any child in a family is **unsafe** and a safety plan is implemented. Such assessment must continue until either all children are assessed as being safe **or** all unsafe children are removed from the **legal** custody of their parents/caretakers. This assessment should be conducted considering the child's safety status as if there was no safety plan (i.e., would the child be safe WITHOUT the safety plan?).
- 8. When considering whether to close a reunification service case, a safety assessment must be done immediately prior to supervisory approval of the critical decision.
- 9. Whenever evidence or circumstances suggest that a child's safety may be in jeopardy in home of foster parent, relative caregiver, or pre-adoptive parent.

**Name of caregiver:** \_\_\_\_\_

**SECTION 1. SAFETY ASSESSMENT**  
**Part A. Safety Factor Identification**

**Directions**

The following list of factors are behaviors or conditions that may be associated with a child(ren) being in immediate danger of moderate to severe harm. **NOTE: At the initial safety assessment, all alleged child victim and all other children residing in the home are to be seen and if verbal, interviewed out of the presence of the caretaker and alleged perpetrator, if possible. If some children are not at home during the initial investigation, do not delay the safety assessment. Complete a new safety assessment on the children who are not home at the earliest opportunity only if the safety assessment changes. If there is no change, certify the current assessment at the bottom of page 3. For all other safety assessments, all children residing in the home are to be seen, and if verbal, interviewed out of the presence of the caretaker and alleged perpetrator, if possible.** When assessing children's safety, consider the effects that any adults or members of the household who have access to them could have on their safety. Identify the presence of each factor by checking "Yes," which is defined as "clear evidence or other cause for concern."

- . Yes  No  Any member of the household's behavior is violent and out of control.
- . Yes  No  Any member of the household describes or acts toward child in predominantly negative terms or has extremely unrealistic expectations.
- . Yes  No  There is reasonable cause to suspect that a member of the household caused moderate to severe harm or has made a plausible threat of moderate to severe harm to the child.
- . Yes  No  There is reason to believe that the family is about to flee or refuse access to the child, and/or the child's whereabouts cannot be ascertained.
- . Yes  No  Caretaker has not, will not, or is unable to provide sufficient supervision to protect child from potentially moderate to severe harm.
- . Yes  No  Caretaker has not, or is unable to meet the child's medical care needs that may result in moderate to severe health care problems if left unattended.
- . Yes  No  Any member of the household has previously or may have previously abused or neglected a child, and the severity of the maltreatment, or the caretaker's or other adult's response to the prior incident, suggests that child safety may be an urgent and immediate concern.
- . Yes  No  Child is fearful of people living in or frequenting the home.
- . Yes  No  Caretaker has not, or is unable to meet the child's immediate needs for food, clothing, and/or shelter; the child's physical living conditions are hazardous and may cause moderate to severe harm.
- 0. Yes  No  Child sexual abuse is suspected and circumstances suggest that the child safety may be an immediate concern.
- 1. Yes  No  Any member of the household's alleged or observed drug or alcohol abuse may seriously affect his/her ability to supervise, protect, or care for the child.
- 2. Yes  No  Any member of the household's alleged or observed physical/mental illness or developmental disability may seriously affect his/her ability to supervise, protect or care for the child.
- 3. Yes  No  The presence of domestic violence which affects caretaker's ability to care for and/or protect child from imminent, moderate to severe harm.
- 4. Yes  No  A paramour is the alleged or indicated perpetrator of physical abuse.
- 5. Yes  No  Other (specify) \_\_\_\_\_

**Directions: IF SAFETY FACTOR(S) ARE CHECKED "YES":**

- Note the applicable safety number and then briefly describe the specific individuals, behaviors, conditions and circumstances associated with that particular factor.

**IF NO SAFETY FACTORS ARE CHECKED "YES":**

- Summarize the information you have available that leads you to believe that no children are likely to be in immediate danger of moderate to severe harm.
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**PART B.2. List Children and Adults Who Were Not Assessed and the Reason Why They Were Not Identify the timeframes in which the assessment will be done.**

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**Certify below if no change in the assessment has occurred due to the assessment of the above persons. If a change has occurred, complete a new assessment.**

Worker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART B.3. Family Strengths or Mitigating Circumstances**

or each safety factor that has been checked "yes", describe any family strengths or mitigating circumstances. This section is not to be completed if no safety factors are checked "yes".

Safety Factor # **1. Family Strengths**

**2. Mitigating Circumstances**

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**SECTION 2: SAFETY DECISION**

**Directions:** Identify your safety decision by checking the appropriate box below. (Check one box only.) This decision should be based on the assessment of all safety factors and any other information known about this case.

- A. SAFE  There are no children likely to be in immediate danger of moderate to severe harm at this time. No safety plan shall be done.
3. UNSAFE  A safety plan must be developed and implemented or one or more children must be removed from the home because without the plan they are likely to be in immediate danger of moderate to severe harm.

**SIGNATURE/DATES**

The safety assessment and decision were based on the information known at the time and were made in good faith.

Worker \_\_\_\_\_ Date \_\_\_\_\_

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

## ILLINOIS DOMESTIC VIOLENCE ACT

### ORDER OF PROTECTION REMEDIES

1. **Prohibit abuse**—includes harassment, interference with personal liberty, intimidation of a dependent, physical abuse or willful deprivation\*
2. **Grant of exclusive possession of residence\***
3. **Stay away order\***
4. Counseling for abuser
5. **Physical care and possession of the minor child**
6. Temporary legal custody
7. Visitation
8. **Prohibit removal or concealment of minor child**
9. **Order to appear in court alone or with minor child**
10. Possession of personal property
11. **Protect property--prohibit transferring, damaging or concealing property\***
12. Payment of support
13. Payment of losses
14. Prohibition of entry in residence while under the influence\*
- 14.5 Prohibition of firearm possession\*
15. **Prohibition of access to records related to child**
16. Payment for shelter services
17. **Other injunctive relief**

**Bold= available on emergency order of protection for 21 days**

\*Violation is a criminal charge of "Violation of an Order of Protection"

### WHO CAN GET AN ORDER OF PROTECTION?

**A person who has been the victim of domestic violence at the hands of a family or household member:**

- Persons who have or had a dating relationship
- Spouses and Ex-spouses
- People who have a child together
- Parents and adult children
- Siblings
- "Step" relationships
- People who live together, or have lived together in the past, regardless of the nature of the relationship
- Could be roommates, could be an intimate partner.
- Caretakers for a disabled victim

## Domestic Incident Notice

Chicago Police Department

**The City of Chicago has a free confidential multilingual 24-hour Help Line that can help you get assistance.**

**(1-877-TO END DV)**

**1-877-863-6338 or TTY 1-877-863-6339**

*If you have been abused or need information about a domestic situation, there are programs that offer shelter, counseling and legal advocacy. The Help Line can answer your questions concerning domestic violence services and link you to available programs.*

### TO REPORT ELDER ABUSE AND NEGLECT

Illinois Department on Aging Hotline: 1-866-800-1409 or (TTY) 1-888-206-1327  
**Sources of Assistance and Services for Elderly Persons in the City of Chicago**  
 If you are elderly, (60 years & older) you can also get help by calling the following:  
 Chicago Department on Aging: 1-312-744-4016 or (TTY) 1-312-744-6777

### Sources of Assistance for Children

If you suspect a child is being abused or neglected, please call the IDCFS Hotline 1-800-25-ABUSE

### RIGHTS OF DOMESTIC ABUSE VICTIMS

The Illinois Domestic Violence Act (IDVA) provides strong legal help for victims who are abused by family or household members. The IDVA defines family or household members as people:

1. related by blood, marriage or prior marriage
2. who share or used to share a common dwelling (e.g., roommates)
3. who have or say they have a child together
4. who share or say they share a blood relationship through a child
5. of the opposite sex or of the same sex who date or used to date one another
6. with disabilities and their personal assistants or caregivers

**If you are a domestic abuse victim, you have the right to:**

1. have a police report made for any bona fide crime reported to the police
2. have an officer go with you to your home for a reasonable period of time to remove necessary personal belongings
3. be taken to a hospital or a nearby place of safety. If you want, any children or adult dependents in your care can go with you

REPORTING OFFICER'S NAME (PRINT)

STAR NO.

CPD-11.443 (Rev. 12/07) English

Police Report R.D.# \_\_\_\_\_

Note: The Domestic Incident Notice is also available in Braille.

### Filing Criminal Charges

If the officer makes an arrest, you will be told of the court location and date. When you report a crime, but an arrest is not made, you should go to Domestic Violence Court as soon as possible to seek criminal charges. Bring a copy of the police report number and any other information (such as pictures) to the Domestic Violence Court at 555 W. Harrison, 1<sup>st</sup> floor, Monday through Friday, 8:30am - 1:30 pm. Once there, you will talk to an assistant state's attorney about your case. You can also get an order of protection.

### ORDERS OF PROTECTION

An order of protection is a court order from a judge ordering the abuser to do or to stop doing certain acts. **You can get an order of protection even if you are living with your abuser.** In addition to other remedies, an order of protection can:

1. order your abuser to stop abusing, stalking, neglecting or exploiting you
2. give you the right to stay in the home and prevent the abuser from staying there
3. order your abuser to stay away from you at school, work or other places
4. order your abuser not to come home while under the influence of drugs or alcohol
5. order your abuser to surrender any firearm

**IF YOU ALREADY HAVE AN ORDER OF PROTECTION AND YOUR ABUSER VIOLATES THE ORDER, YOU SHOULD IMMEDIATELY CALL THE POLICE.**

### How to Get an Order of Protection

You can get an order of protection in either civil or criminal court. Both may be enforced by arrest. If you cannot get an order because of age, health or disability, someone else can go to court and get an order for you.

**Criminal Court** - at 555 West Harrison, 1<sup>st</sup> floor, Mon - Fri 8:30 am -1:30 pm. You must be willing to seek criminal charges against your abuser in order to receive an order in criminal court. **If your abuser has already been arrested, do NOT wait until the trial date to seek an order of protection, report to Domestic Violence court as soon as possible after the crime.**

**Civil Court** - at 555 West Harrison, 1<sup>st</sup> floor, Mon -Fri 8:30 am -3:00 pm. **If you do not want criminal charges filed against your abuser, you can only get an order of protection in civil court.** Orders of protection can also be issued with a divorce or other civil proceeding, generally with the assistance of a lawyer.

### Bail Bond Provisions

Unless the judge rules otherwise, an abuser charged with a crime against a family or household member will be ordered to NOT contact or speak with the victim and NOT enter or stay at the victim's home (even if the abuser lives there) for 72 hours after posting bond. If the abuser violates the "72 hour rule," you should call the police immediately.

**Remember: If you are in IMMEDIATE DANGER call 911.**

REPORTING OFFICER'S NAME (PRINT)

STAR NO.



## Ensuring Success in School Initiative

The Ensuring Success in School Initiative promotes successful school completion among children and youth who are parents, expectant parents, or survivors of domestic or sexual violence.

### The Problem

With a growing drop-out/push-out crisis in Illinois, the Initiative focuses on contributing factors to this crisis that receive insufficient attention and that disproportionately, although by no means exclusively, impact girls and young women.

### The History

In 2003, the Shriver Center brought together advocates, educators, social workers and others to discuss, research and strategize around this problem. The decision was made that this statewide problem needed a statewide solution. As a result, the Ensuring Success in School Act (ESSA) was introduced in the Illinois General Assembly in 2005. The bill addressed issues such as confidentiality, accommodations (e.g., for student safety), suspension and expulsion proceedings, home instruction, school transfers, excused absences, and the need for specially trained personnel to act as the “go to” person for both students and school personnel. Although it did not pass that year, the introduction of the bill led to greater awareness of the issues and fruitful conversations with state legislators, representatives of school districts, school administrators, school social workers, and teachers unions.

Another ESSA bill was introduced in 2007. The bill that passed that year has two provisions. First, it created the Ensuring Success in School Task Force. Task Force duties include an examination of the barriers to school attendance, safety and completion, and the identification of effective policies, protocols and programs. The Task Force held public hearings in Quincy, Elgin, Springfield, Mt. Vernon and Chicago. Those who presented oral and written testimony included students, their parents, advocates, and educators. A report to the Illinois General Assembly of the findings and recommendations is currently in the drafting stage. Second, the bill mandates training for teachers and other school personnel. At minimum, school personnel must be trained to understand, provide information and referrals, and address issues pertaining to students who are parents, expectant parents, or survivors of domestic or sexual violence.

### Next Steps

The next phase of the Initiative is to develop a strategic action plan based on the findings and recommendations in the Task Force’s report, and the development of a curriculum for the required training. If you are interested in participating in this effort, please contact Wendy Pollack, director of the Women’s Law and Policy Project of the Sargent Shriver National Center on Poverty Law, at 312-368-3303 or [wendypollack@povertylaw.org](mailto:wendypollack@povertylaw.org).

The goal of the Ensuring Success in School Initiative is that elementary and secondary students, including out-of-school youth, who are parents, expectant parents, or survivors of domestic or sexual violence stay in school, stay safe while in school, and successfully complete their education.

# IL Child-parent Psychotherapy LEARNING COLLABORATIVE

## Improving Capacity for Early Childhood Mental Health Providers and Trauma Intervention

### Casa Central

The Illinois Child-parent Psychotherapy Learning Collaborative (Learning Collaborative) provides high quality mental health and trauma-focused training to clinicians and mental health providers working with children age birth to 5 in a variety of settings. The Learning Collaborative is a training model that helps agencies implement Child-parent Psychotherapy and other effective child-parent therapeutic practices into their settings. Learning Collaboratives are considered one of the most highly effective strategies for deepening the mental health field's ability to provide therapeutic services to families with children ages birth to 5. This model has been used by the National Child Traumatic Stress Network to train mental health practitioners on a variety of evidenced-based practices and has been successfully implemented in Maine, California, Minnesota, West Virginia and Colorado.

### Beacon Therapeutic

### Pillars Community Services

Seven Chicago-based agencies have been chosen to participate in this important effort to train local clinicians to provide high quality mental health services to young children. Please see side panel for a list of participating organizations.

### Chicago Children's Advocacy Center

#### CHILD TRAUMA AND YOUNG CHILDREN

Childhood trauma has been characterized as an urgent public health problem and the largest single preventable cause of long-term mental illness in children. Child traumatic stress occurs when children are exposed to traumatic events or situations that overwhelm their ability to cope, including situations where the child's relationship with his/her primary caregiver is weakened due to the traumatic event. Repeat exposure to trauma can affect a child's brain development and increase the risk of low academic performance, engagement in high-risk behaviors, and difficulties in family and peer relationships. Childhood trauma can stem from child abuse and neglect; a tragic separation between a child and his/her primary caregiver due to violence or incarceration; witnessing violence between adults who care for children; neighborhood violence; and other events that cause extraordinary stress for a child. Young children are disproportionately the victims of violence and neglect and are frequent witnesses to violence between the adults who care for them.

### Domestic Violence and Mental Health Policy Initiative

#### CHILD-PARENT PSYCHOTHERAPY

Child-parent Psychotherapy is a highly effective treatment method that reduces the negative impact of various forms of trauma on children ages birth to 5 by restoring the child-parent relationship, and the child's mental health and developmental progression that have been damaged by the traumatic experience. Child-parent Psychotherapy is an evidenced-based model for children that is developmentally and culturally informed to meet the needs of all families. It also addresses unresolved traumatic events the primary caregiver may have experienced that interfere with his or her ability to parent effectively. Research demonstrates that Child-parent Psychotherapy is one of the best ways to address child trauma, strengthen the child-parent relationship, and improve child outcomes including increased IQ scores and school readiness. This intervention has been shown in randomized clinical trials to improve the mental health of both primary caregivers and their children, and to decrease levels of depression and anxiety in women. The Child Trauma Research Project (CTRP) developed and is implementing this model specifically designed for traumatized parents and their children in the first six years of life. Child-parent Psychotherapy is currently being disseminated nationally through CTRP, the National Child Traumatic Stress Network and the Safe Start Initiative.

### Jewish Child & Family Services

### Erikson Institute

This initiative is a partnership of CTRP and Erikson Institute. Faculty includes nationally recognized child trauma expert Patricia Van Horn, JD, PhD, and local experts from Erikson and Jewish Child and Family Services with support from La Rabida Children's Hospital. This initiative is the first of two funded by the Irving Harris Foundation. In anticipation of the continued need for trained clinicians in Child-parent Psychotherapy, the Irving Harris Foundation is looking to identify public and private funding to sustain this effort over time. If you are interested in joining this effort, please contact Jon Korfmacher at [jkorfmacher@erikson.edu](mailto:jkorfmacher@erikson.edu)/312-893-7133 or Kandace Thomas at [kthomas@whi.com](mailto:kthomas@whi.com)/312-604-2099.

The Illinois Childhood Trauma Coalition promotes the prevention and treatment of childhood trauma. It has as part of its mission...

“... to take a public health approach to the evolving understanding of the nature and impact of childhood trauma and to expedite the integration of this wisdom into public awareness and the array of systems that serve children and families in Illinois. The Coalition will provide a forum for leadership from multiple disciplines and service areas to coordinate and sustain the work that is essential to reach this goal.”

It has grown from 27 agencies represented by 39 people in 2006 to 47 agencies represented by 79 people today. The Coalition has evolved into a collaboration between public and private agencies, working statewide, regionally, locally and beyond, providing direct services, advocacy on policy issues, conducting research on the impact of trauma on children and preparing the next generation of workers in the field.

Highlights of current projects include:

### **Capacity Building**

- Exploring what trauma-focused services and professional development are available in Illinois.
- Reaching over 700 people with presentations and training on childhood trauma since July, 2008.
- Creating the Stories for Children that Grown-Ups can Watch DVD series talking about how young children react to violence.

### **Networking**

- Bringing a trauma perspective to the work of others including the MacArthur Foundation's Models for Change project and the Chicago Healthy Futures Agenda.
- Supporting members in pursuing funding opportunities to expand research and services for children who have experienced trauma.

**Dissemination of information** – Regularly sharing information about research, training and funding opportunities related to childhood trauma with ICTC members.

**Advocacy** –Championing the inclusion of a diagnosis of developmental trauma disorder in the next edition of the Diagnostic and Statistical Manual. To that end, ICTC has supported the work of researchers gathering the data necessary to describe the disorder and encouraged the sharing and examination of the data.

## **La Rabida Children's Hospital Chicago Child Trauma Center**

La Rabida Children's Hospital's Chicago Child Trauma Center (CCTC), a Community Treatment and Services site of the National Child Traumatic Stress Network (NCTSN), specializes in trauma-focused assessment and therapy for the full range of potentially traumatic events experienced by children, including complex trauma and medical trauma. Over 70% of children served by the CCTC have experienced two or more types of traumatic stress, and approximately 40% of children served have witnessed domestic violence.

The CCTC provides services to approximately 450 children each year in five locations on Chicago's south side and in south suburban Cook County:

La Rabida Children's Hospital, E. 65<sup>th</sup> St. at Lake Michigan  
Chicago Child Trauma Center, 8949 S. Stony Island Avenue  
La Rabida Joli Burrell Children's Advocacy Center, 200 Lakewood Blvd., Park Forest,  
University of Chicago Hospitals Burn Center (inpatients only)  
University of Chicago Comer Children's Hospital Pediatric Intensive Care Unit (inpatients only)

Services are provided by licensed clinical social workers, licensed clinical psychologists, and advanced social work and psychology trainees, all of whom have specialized training and experience in child trauma. All staff members have training in two or more evidence-based or trauma-informed intervention approaches, including Child-Parent Psychotherapy, Phase-Oriented Trauma-Focused Therapy, Attachment, Self-Regulation and Competency (ARC), Strengthening Family Coping Resources, Trauma-Focused Cognitive Behavioral Therapy, and Trauma Systems Therapy. Thanks to grants and government contracts, all services are provided at no charge to families.

In addition to direct services, the CCTC provides trauma-focused consultation and training, and serves in the newly funded NCTSN Complex Trauma Treatment Network as the Midwest Complex Trauma Training and Technical Assistance Center. The CCTC's Child-Parent Psychotherapy team has provided consultation to Chicago Safe Start and is part of the Irving Harris Foundation-sponsored Illinois Child-Parent Psychotherapy Learning Collaborative. Other areas of interest and focus include Developmental Trauma Disorder, "Race" and Urban Poverty, and Consumer/Youth Involvement.

The CCTC's Constituency Advisory Panel and Youth Advisory Board also engage in peer-to-peer/family-to-family support via telephone and monthly face-to-face meetings. Any families of children who have experienced trauma are welcome to take advantage of these resources.

To make a referral to the La Rabida Chicago Child Trauma Center, call (773) 374-3748. For additional information, contact Brad Stolbach, Ph.D. at (773) 374-3748, ext. 2231



CHICAGO DEPARTMENT OF

# family & support services

## DOMESTIC VIOLENCE PROGRAMS

### Safe Havens: Supervised Visitation and Safe Exchange Program

#### Overview

Safe Havens consists of three (3) delegates: Apna Ghar, Inc., Mujeres Latinas En Accion, and The Branch Family Institute, Inc. who provide supervised visitation and safe exchange services for families with a history of domestic violence, child abuse, sexual assault, and stalking. All visitation services provided under contractual agreement are free to Chicago residents. The services consist of supervised visitation and safe exchange of children by and between custodial and non-custodial parents one of whom must be a resident of Chicago.

The 3 delegates provide culturally sensitive services by trained staff who

1. Schedule supervised visits and safe exchanges between the non-custodial and custodial parents and their children.
2. Monitor the individual interactions between the non-custodial parent and child(ren) to ensure the safety and well being of the child(ren).
3. Provide coaching in parenting and communication skills as necessary.
4. Provide on site support to the custodial parent and child(ren) during and after the visit to help relieve potential anxiety brought on by the visits.
5. Conduct separate risk assessments with both the custodial and non-custodial parent about prior arrests and use of weapons.
6. Staff responds to any additional service needs requested by either parent such as parenting classes, individual counseling, and legal advocacy by making appropriate referrals.
7. Provide a safe, clean setting in which trained staff supervise court-arranged visits between the non-custodial and child(ren).
8. Execute court ordered safe exchange child(ren) from the custodial parent to the non-custodial parent, monitor compliance with the approved time allotted for the visit, and execute the safe exchange of children back to the custodial parent.

## Domestic Violence & Mental Health Policy Initiative *Child Trauma Capacity Building Project*

### **About the Domestic Violence & Mental Health Policy Initiative (DVMHPI)**

DVMHPI is recognized within the Chicago community and nationally for its training, technical assistance and policy development in the area of building trauma-informed service systems for women and children exposed to DV and other forms of interpersonal violence and trauma. Our work is framed by a common mission shared with the DV advocacy community—to end domestic violence by changing social conditions, beliefs and social actions that perpetuate violence against women and children. Since its inception in 1999, DVMHPI has become a key resource for Chicago-area DV organizations and mental health agencies, providing training and ongoing consultation with the goal of strengthening the capacity of local programs and service systems to meet the complex needs of DV survivors and their families. In 2005, DVMHPI received federal funding to establish the National Center on DV, Trauma, and Mental Health. DVMHPI is part of Hektoen Institute of Medicine, LLC, a non-profit, since 1943.

### **The Child Trauma Capacity Building Project**

During the past 6 years, DVMHPI has developed child trauma training curricula (with Trainer, Participant, and Group Facilitator Guides) and offered on-site and cross-agency training and follow up consultation to respond to the expressed needs of local DV and mental health organizations for capacity building to establish trauma-informed, **best practices for serving children and teens exposed to DV and their families**. The overarching goal of the project is to build and sustain **staff and agency capacity in delivering trauma-informed, developmentally sensitive, parent-child services for mothers and children affected by domestic violence and other trauma**.

DVMHPI has provided training conferences and on-site agency pilots and training in the metro Chicago area using one of the curricula, ***Children Exposed to DV: A Curriculum for DV Advocates*** developed in partnership with Patricia Van Horn, PhD, Child Trauma Research Project, San Francisco General Hospital. Training has been offered in several formats – as a two-day foundational training and as on-site training at local DV agencies with follow up consultation sessions. For the past 18 months, DVMHPI has also facilitated two ongoing peer consultation groups that meet monthly – one for DV program supervisors and the other for DV advocates – across 6 Chicago area agencies and a range of DV program settings (e.g. community outreach, walk-in, shelter, and transitional housing). Participants all received the two-day foundational training on the curriculum and then committed to an 18 month follow up group process. Program evaluation results have indicated strong success in building core competencies in delivering trauma-informed child-parent services.

In 2010, DVMHPI will offer training on the clinical curriculum, ***Children and Trauma: A Curriculum for Clinicians and Clinical Supervisors***, developed by Betsy Groves, LICSW, and staff at the Child Witness to Violence Project in Boston, and piloted and revised by Susan Blumenfeld at DVMHPI. This in-depth curriculum is geared towards clinicians working in DV agency programs and in community-based children's mental health agency settings. Training will be followed by monthly, cross-agency peer consultation groups facilitated by DVMHPI, beginning in April/May 2010.

This project has been generously supported by the Irving Harris Foundation since its inception and has received additional support from the Michael Reese Health Trust and the McCormick Foundation in recent years.

### **For More Information on Child Trauma Training & Consultation Resources**

**Contact:** Susan Blumenfeld, MSW, LCSW, DVMHPI, Child Trauma Training @ (312) 726-7020 x15 or [sblumenfeld@dvmhpi.org](mailto:sblumenfeld@dvmhpi.org)

# CHICAGO SAFE START

## Who is Chicago Safe Start?

Chicago Safe Start (CSS) represents active collaborations among community residents, local organizations, and city and state agencies, all working together in the interest of young children and their caregivers. Our goal is to **prevent childhood exposure to violence (CEV)** and to minimize the consequences of this exposure should it occur. Chicago Safe Start is housed in the Chicago Department of Public Health Office of Violence Prevention.

There is a growing body of research indicating that young children who are exposed to violence in their homes and/or their communities often experience significant psychological and behavioral challenges. Children who are exposed to violence (CEV) – defined as being abused or neglected, witnessing domestic violence in the home, and/or witnessing violence in the community – are at great risk of enduring long-lasting psychological trauma, increased likelihood of violent behavior and substance abuse, and experiencing an overall disadvantage in life. Therefore, breaking the cycle of violence at the earliest possible point is critical.

## What is Chicago Safe Start doing?

Chicago Safe Start focuses on four major areas of work:

**Increase awareness and build skills** for people and programs that work with children and families. Participants include police and medical professionals, child protection and social workers, early education and daycare providers, counselors, faith leaders and, of course, parents. Our training programs (1) increase participant's understanding of the negative ways childhood exposure to violence (CEV) impacts infants and young children and (2) help to build individual and program capacity to respond effectively to young children with these concerns.

**Strengthen the response to children exposed to violence in community-based and citywide systems** to support (1) training for professionals who encounter children who may witness violence, (2) strengthening collaboration within and across systems resulting in effective and efficient service delivery for children exposed to violence, and (3) increasing funding to expand services that address CEV.

**Create a CEV-specific prevention collaborative of leading professionals and consumers as a central mechanism for leadership, strategic planning, and policy advocacy** through (1) organized multi-level partnerships, (2) active service delivery networks, and (3) a shared website ([www.chicagosafestart.net](http://www.chicagosafestart.net)) connecting families to local services.

**Monitor program implementation and assess the impact of efforts to prevent and reduce children's exposure to violence.** The program works to document and share information with local and interested parties.

## Where is Chicago Safe Start working?

Chicago Safe Start is working with local funders and community service partners to provide services for children who have been exposed to violence in nineteen (19) Chicago communities.

Casa Central	773.645.2300	Family Focus, Inc.	773.962.0366
Heartland Human Care Services	773.728.5960	Metropolitan Family Services	773.371.3600

The Illinois Violence Prevention Authority's Safe From the Start (SFS) program provides funding support to CSS service partners and other SFS sites throughout the state (<http://ivpa.org/funded-programs/safe-from-the-start>).



Chicago Safe Start. Bringing the kids back into focus.  
Contact us at 312-745-0381 or [www.chicagosafestart.net](http://www.chicagosafestart.net)

## Illinois Coalition Against Domestic Violence

### Services To Child Witnesses In Chicago Supported By Victims of Crime Act Funds Through ICADV in FY10

- ⇒ 2 domestic violence agencies in Chicago provide basic services to child witnesses of domestic violence with about \$18,000 in VOCA support. VOCA funds provide partial support of children's programming at these agencies. Funds support the following types of services for child witnesses of domestic violence: provision of a safe, secure, and supportive environment where conflicts are resolved in non-violent ways; emotional and psychological support of children who have experienced the trauma associated with violence and the uprooting of their lives; safety planning; activities which enhance self-esteem and through which other intervention goals can be accomplished; interventions that are intended to strengthen the bond between mother and child; learning opportunities and models that help children develop non-violent attitudes and non-violent problem-solving skills and behaviors; assistance that helps children understand violence and its effects on their lives, including how its use affects the victim and the aggressor, and how it undermines healthy relationships; and case management and advocacy with third parties to advance the interests of the child.
- ⇒ 3 domestic violence agencies in Chicago use approximately \$141,500 in VOCA funds to support child enhanced services. These projects address the needs of a special subset of the general population of children who come to domestic violence programs for services. Funding allows programs to identify and provide an intensive level of service to children with emotional, physical, and social behavioral problems. Funding also supports those children who are at high risk for problems because of the severity of violence experienced by their mother. Projects will provide services that: strengthen the bond between mother and child; address the child's presenting problems; link children to community resources; and strengthen parenting skills. The principal services provided at an enhanced level are: assessment; family counseling; children's individual counseling; children's group counseling; advocacy; case management and collaboration with other service providers; conflict resolution; specialized therapies; and parenting skills groups.
- ⇒ 1 domestic violence agency in Chicago uses about \$5000 in VOCA funds to support contractual evaluation and therapy services for child witnesses of domestic violence who have special mental health needs. This project allows the domestic violence program to secure immediate help for children who require more mental health intervention than the domestic violence program is able provide.

